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NINTH ANNUAL REPORT

OF THE

STATE BOARD OF HEALTH

COMPLIMENTS OF . . . .

THE KANSAS STATE BOARD OF HEALTH.

HENRY A. DYKES, M. D.,
Secretary.

JANUARY 1, 1893, TO DECEMBER 31, 1893.



TOPEKA.
PRESS OF THE HAMILTON PRINTING COMPANY:
EDWIN H. SNOW, State Printer.
1894.

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LETTER OF TRANSMITTAL.

OFFICE OF THE KANSAS STATE BOARD OF HEALTH,
TOPEKA, January 10, 1894.

To His Excellency L. D. Lewelling:

SIR—In compliance with the laws of the state, I have the honor to present to your excellency the ninth annual report of the State Board of Health, for the year ending December 31, 1893.

Very respectfully,

HENRY A. DYKES, M. D., *Secretary.*

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MEMBERS OF THE BOARD.

Frank Swallow, M. D., *President*, Valley Falls.....	Term expires March 28, 1894.
H. D. Hill, M. D., Augusta.....	
J. W. Jenney, M. D., Salina.....	
J. P. Stewart, M. D., Clay Centre.....	Term expires March 28, 1895.
A. J. Anderson, M. D., Lawrence.....	
E. Swarts, M. D., Kansas City, Kas.....	
P. Daugherty, M. D., Junction City.....	Term expires March 28, 1896.
Thomas Kirk, jr., M. D., Burr Oak.....	
E. M. Hoover, M. D., Halstead.....	

Henry A. Dykes, M. D., *Secretary*, Topeka.

STANDING COMMITTEES.

Heating, Lighting, Ventilation of Public Schools, and Railway Sanitation.—P. Daugherty, M. D.

Epidemic and Endemic Diseases and Quarantine.—Thomas Kirk, jr., M. D.

Topography, Meteorology, and Hygiene of Public Institutions.—A. J. Anderson, M. D.

Water Sources, Drainage, and Disposal of Substances Injurious to Health.—J. W. Jenney, M. D.

Special Sources of Danger to Life and Health.—E. M. Hoover, M. D.

Adulteration of Food, Drugs, and Drinks.—E. Swarts, M. D.

Vital Statistics, Registration, and Nomenclature.—Henry A. Dykes, M. D.

Finance and Executive.—Frank Swallow, M. D., J. P. Stewart, M. D., and H. D Hill, M. D.

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COUNTY HEALTH OFFICERS.

The following is a list of the County Health Officers, and their post-office addresses, in the various counties of the state, at the close of the year 1893:

Counties.	*Health officers.*	*Post-office address.*
Allen	Dr. A. J. Fulton	Iola.
Anderson	Dr. J. A. Henning	Garnett.
Atchison	Dr. P. S. Mitchell	Atchison.
Barber	Dr. J. D. Karr	Medicine Lodge.
Barton	Dr. S. J. Shaw	Great Bend.
Bourbon	Dr. R. Aikman	Fort Scott.
Brown	Dr. S. M. Pratt	Hiawatha.
Butler	Dr. J. A. McKenzie	El Dorado.
Chase	Dr. Andrew Welte	Matfield Green.
Chautauqua	Dr. W. T. Courtwright	Sedan.
Cherokee	Dr. J. H. Baxter	Columbus.
Cheyenne	Dr. T. A. Tracy	St. Francis.
Clay	Dr. S. E. Reynolds	Clay Centre.
Clark	Dr. W. F. Taylor	Ashland.
Cloud	Dr. T. E. Raines	Concordia.
Comanche	Dr. J. T. Halliday	Coldwater.
Coffey	Dr. J. L. Jones	Le Roy.
Cowley	Dr. George Emerson	Winfield.
Crawford	Dr. W. H. Warner	Girard.
Decatur	Dr. W. B. Meade	Oberlin.
Dickinson	Dr. E. E. Hazlett	Abilene.
Doniphan	No board.	Never organized.
Douglas	Dr. W. Y. Leonard	Lawrence.
Edwards	Dr. G. M. Seacat	Kinsley.
Elk	Dr. W. F. Hack	Longton.
Ellis	Dr. H. B. Kohl	Hays City.
Ellsworth	Dr. H. O. Donnell	Ellsworth.
Finney	Dr. George L. Neal	Garden City.
Ford	Dr. T. L. McCarty	Dodge City.
Franklin	Dr. J. I. Paramore	Ottawa.
Garfield	Dr. L. V. Miner	Eminence.
Geary	Dr. Geo. E. Harvey	Junction City.
Gove	Dr. J. H. Jones	Grinnell.
Graham	Dr. James Norrish	Bogue.
Grant	Dr. J. H. Lucas	Ulysses.
Gray	Dr. D. F. Butcher	Cimarron.
Greeley	Dr. F. R. Moore	Tribune.
Greenwood	Dr. F. W. Watson	Eureka.
Hamilton	Dr. M. C. Boggs	Coolidge.
Harper	Dr. C. E. Bowers	Anthony.
Harvey	Dr. Geo. D. Bennett	Newton.
Haskell	Dr. S. P. Creson	Santa Fé.
Hodgeman	Dr. W. M. Sterrett	Jetmore.
Jackson	Dr. J. A. Rafter	Holton.
Jefferson	Dr. E. C. Rankin	McLouth.
Jewell	Dr. Walter Crew	Mankato.
Johnson	Dr. C. G. McKinley	Olathe.
Kearny	Dr. G. C. W. Richards	Hartland.
Kingman	Dr. E. W. Hinton	Kingman.
Kiowa	Dr. J. A. Milligan	Greensburg.
Labette	Dr. E. Tanner	Mound Valley.
Lane	Dr. F. L. Rownd	Dighton.
Leavenworth	Dr. D. R. Phillips	Leavenworth.
Lincoln	Dr. H. W. Hall	Lincoln.
Linn	Dr. J. W. Smoot	Mound City.
Logan	Dr. J. A. Norris	Russell Springs.
Lyon	Dr. C. H. Wetmore	Emporia.
Marion	Dr. C. A. Loose	Peabody.
Marshall	Dr. E. L. Wilson	Marysville.
McPherson	Dr. J. E. Rouze	McPherson.
Meade	Dr. C. Button	Meade.
Miami	Dr. D. H. Johnson	Paola.
Mitchell	Dr. I. R. Swigart	Beloit.

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COUNTY HEALTH OFFICERS — CONCLUDED.

Counties.	Health officers.	Post-office address.
Montgomery	Dr. J. T. Davis	Independence.
Morris	Dr. Z. T. Harvey	Council Grove.
Morton	Dr. E. C. Miller	Richfield.
Nemaha	Dr. I. H. Magill	Corning.
Neosho	Dr. Geo. G. Brown	Chanute.
Ness	Dr. J. N. Venard	Ness City.
Norton	Dr. N. L. Jones	Norton.
Osage	Dr. J. I. Sweeney	Lyndon.
Osborne	Dr. M. F. Hudson	Osborne.
Ottawa	Dr. J. F. Brewer	Minneapolis.
Pawnee	Dr. J. M. Cummins	Larned.
Phillips	Dr. H. D. Brothers	Phillipsburg.
Pottawatomie	Dr. T. R. Cave	Westmoreland.
Pratt	Dr. W. H. Everson	Pratt.
Rawlins	Dr. J. L. Constable	Ludell.
Reno	Dr. A. W. McKinney	Hutchinson.
Republic	Dr. J. T. Billingsley	Belleville.
Rice	Dr. W. W. Spiers	Chase.
Riley	Dr. B. F. Morgan	Riley.
Rooks	Dr. W. B. Callender	Stockton.
Rush	Dr. W. H. Ferguson	La Crosse.
Russell	Dr. J. W. Roob	Russell.
Saline	Dr. J. W. Jenney	Salina.
Scott	Dr. George Finkenbinder	Friend.
Sedgwick	Dr. P. D. St. John	Wichita.
Seward	Dr. George S. Smith	Liberal.
Shawnee	Dr. T. W. Peers	Topeka.
Sheridan	Dr. D. M. Freeman	Hoxie.
Sherman	Dr. F. H. Smith	Goodland.
Smith	Dr. B. W. Slagle	Smith Centre.
Stafford	Dr. J. P. H. Dykes	Stafford.
Stanton	Dr. J. E. Whitecraft	Johnson.
Stevens	Dr. C. L. Ebnother	Hugoton.
Sumner	Dr. W. Morgan Martin	Wellington.
Thomas	Dr. John Martin	Colby.
Trego	No board	Never organized.
Wabaunsee	Dr. E. Scheidt	Alma.
Wallace	Dr. J. T. Newton	Sharon Springs.
Washington	Dr. J. H. Green	Washington.
Wichita	Dr. H. R. Wilcox	Leoti.
Wilson	Dr. A. N. Perkins	Fredonia.
Woodson	Dr. S. J. Bacon	Yates Center.
Wyandotte	Dr. H. M. Downs	Kansas City.

CHANGES AMONG HEALTH OFFICERS SINCE JANUARY 1, 1894.

Counties.	Changes.
Anderson	Dr. I. M. Smith, vice Dr. J. A. Henning.
Barber	Dr. H. G. Gould, vice Dr. J. D. Karr.
Decatur	Dr. E. A. Pauley, vice Dr. W. B. Meade.
Finney	Dr. G. W. Coffman, vice Dr. Geo. L. Neal.
Geary	Dr. C. E. Steadman, vice Dr. Geo. E. Harvey.
Gove	Dr. P. J. Heinz, vice Dr. J. H. Jones.
Graham	Dr. T. J. Garnett, vice Dr. James Norrish.
Harper	Dr. R. A. Trimble, vice Dr. C. E. Bowers.
Haskell	Dr. S. A. Cline, vice Dr. S. P. Creson.
Jackson	Dr. M. S. McGrew, vice Dr. J. A. Rafter.
Kingman	Dr. J. L. Bempe, vice Dr. E. W. Hinton.
Marion	Dr. O. J. Furst, vice Dr. C. A. Loose.
Marshall	Dr. William Strayer, vice Dr. E. L. Wilson.
Neosho	Dr. E. W. Bullard, vice Dr. Geo. H. Brown.
Pottawatomie	Dr. L. L. Ames, vice Dr. T. R. Cave.
Reno	Dr. R. B. Wilson, vice A. W. McKinney.
Riley	Dr. H. S. Willard, vice Dr. B. F. Morgan.
Rooks	Dr. E. J. Donnell, vice Dr. W. B. Callender.
Sumner	Dr. B. Wallace, vice Dr. W. M. Martin.
Shawnee	Dr. Clarence McClintock, vice Dr. T. W. Peers.
Thomas	Dr. C. H. Martin, vice Dr. John Martin.
Wabaunsee	Dr. T. Morris, vice Dr. E. Scheidt.
Wyandotte	Dr. H. M. Cornell, vice Dr. H. M. Downs.

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REPORT BY THE SECRETARY.

TOPEKA, KAS., January 10, 1894.

To His Excellency L. D. Lewelling, Governor of Kansas:

SIR — In presenting to your excellency its ninth annual report, the Kansas State Board of Health rejoices that it is able to assure you that during the year 1893 the health of the state was exceptionally good; and it refers with pleasure to the fact that in its efforts to prevent the admission and spread of epidemic and contagious diseases and to promote health and happiness the people have manifested a greatly-increased interest in its labors; and it is with special gratification that it announces to your excellency that the state legislature, in its wisdom and in its interest in the well-being of its constituency, placed the Board in a position to make provision for preventing the admission and spread of that great destroyer, Asiatic cholera, that so seriously threatened our beloved country and state.

This increased interest is the best possible evidence of an increased sanitary knowledge. If health is better than disease, prevention is better than cure, and when the people know that the great epidemics that destroy mankind can be prevented or arrested, they will cordially second every intelligent effort for the preservation of health and the protection of life. The only opposition the Board has recognized has arisen from selfishness or ignorance.

HEALTH DISTRICTS.

That they might be better enabled to prevent the admission and arrest the progress of cholera and other contagious and epidemic diseases, the Board deemed it wise, and in harmony with the law that provides for the appointment of its members from "different parts of the state," to divide the state into nine "health districts," assigning one to each member of the Board, over which he should exercise special supervision, and to provide for the thorough purification of the state. For this purpose, the Board found it necessary to expend $2,000 of the $10,000 appropriated by the legislature.

EPIDEMIC AND CONTAGIOUS DISEASES.

During the year, outbreaks of scarlet fever, diphtheria, measles and typhoid fever have occurred in different places, and the catarrhal epidemic that still prevails was very general, but we are able to report that these diseases were all unusually mild and easily controlled.

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against their pecuniary interests, what wonder that, in a world where Mammon has so many worshipers, their labors have not been appreciated, and that they are hardly believed when they say *more prevention and less cure* are the great want of humanity. Even states that pay all other officers expect their boards of health, who should give them the most important of all service, to work without fee or hope of reward. The Kansas law expresses the general sentiment: "No member of the Board shall receive any compensation for services rendered; but their traveling and other necessary expenses, while employed on the business of the Board, shall be allowed and paid."

THE INTEREST OF THE STATE IN PREVENTIVE MEDICINE.

When sickness prostrates or death destroys a citizen, we usually consider only the suffering and sorrow; perhaps the loss the family has sustained in the death of one who has been its stay and support. The man, it is said, owned himself, and the owner has gone with the property he had in himself. Who thinks of the financial loss to the state? Only the scientific sanitarian. He knows that the state is composed of factors, and that each individual is a factor of intrinsic value to the state; a value measured by the development and preservation of the moral, intellectual and physical powers of the individual. We may not be able to calculate the precise value of each citizen to the state, or the loss it sustains in the death, with the same precision that we calculate the value and loss of property destroyed by fire or flood. Yet there was a value just as positive and more important, for the citizen is the creator and producer of all wealth and power.

A nation whose citizens are distinguished for moral, intellectual and physical strength is always a strong nation. A nation of criminals, imbeciles and invalids is a weak nation. The business men in our city who take an account of stock and estimate profit and loss, after periods of healthfulness, and after epidemics of cholera, smallpox or yellow fever have prevailed, know something of the losses entailed by disease and death. Where such diseases have been epidemic, the balance sheets show a loss of millions. The citizen whose physical, mental and moral forces are fully developed is a power in the state whose value is beyond calculation, while the physically, mentally and morally diseased are an incalculable incubus. The state whose parental care protects and fosters all the powers of its citizens develops the wisdom, strength and patriotism that makes every man a host. History forever repeats itself. Greece once outranked, in all that stands for civilization, all the nations of the earth. Galton has said, "The average ability of the Athenian was as far above our race as we are above the Hottentot." In her palmy days, physical culture went hand in hand with intellectual and moral culture. From her primary schools to her colleges, education was free to all, and the development of the body was a part of her education. Her gymnasiums gave her citizens the most perfect physical lives, while they bound all by an oath to honorable conduct, excluding the grossly immoral, they developed that fraternal love that has given us the biographies of Damon and Pythias and the patriotism

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that made the 300 Spartans, under Leonidas, at Thermopylæ, hold the pass against the invading hosts until every man perished, and enabled 10,000 Athenians under Miltiades to conquer the millions under Darius at Marathon. When Greece developed all the faculties and protected all the rights of every citizen, the little state, scarce 180 miles square, was invincible; but when avarice and ambition built up a pampered aristocracy that disregarded the health and happiness of *the people*, there was disintegration from within, and she became an easy prey to the Roman conqueror. Rome became mistress of the world.

"When none was for a party;
  When all were for the state;
When the great man helped the poor,
  And the poor man loved the great;
When lands were justly portioned;
  When spoils were fairly sold,
When Romans were like brothers
  In the brave days of old."

But the history of Greece was repeated

"When Roman was to Roman
  More hateful than a foe;
When the tribunes beard the high
  And the fathers grind the low;
When men were hot in faction,
  As in battle they were cold,
Then they fight not as they fought
  In the brave days of old."

When patriotism degenerated into base selfishness and sordid avarice, when all regard for the health and life of the people was absorbed by the ambition and greed of those who ruled, and when those out of power only sought for the errors of those in power, Rome was overrun by the northern barbarian.

America may believe herself perdurable, but, with our present knowledge of the elements of prosperity, it does not require the special inspiration of Ezekiel to prophesy of any state: "Behold, this was the iniquity of thy sister Sodom, pride, fullness of bread, and abundance of idleness, neither did she strengthen the hand of the poor and needy, and they were haughty, and committed abominations before me, and I took them away." When individuals violate the laws of physical and spiritual life, they die and transmit their degenerations to their descendants. So, when iniquity prevails, and nations disregard the physical and spiritual development of the people, patriotism dies and nations pass away. Sanitary science, embracing all that tends to physical health, mental development, and morality, ever seeking to lift every member of the state to a higher level, to develop a nobler manhood, is the foundation upon which rest the prosperity and perpetuity of nations.

A SOUND MIND IN A SOUND BODY IS THE GREAT THOUGHT OF THE STATE.

Whether the physical man was made out of clay, with his myriad cells, each possessing its own chemical constitution and individual life, and all his organs in their proper place, and then vivified, or whether from favorable

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environment and the survival of the fittest there were evolved higher and yet higher types of life, until there were developed in the cortex of the brain a number of cells to sustain spiritual action, and man "became a living soul," matters little to the sanitarian. He knows that through disease and debasement, which are preventable, thousands fall by the way, and that with proper sanitary surroundings there is health, strength, and progressive development.

"*Mens sana in corpore sana*," is a maxium as old as the ages, and forever true. All the activities of the spirit, as far as we have any knowledge, are by and through the physical organism, and a healthful organism is necessary to the health of the cells through which the spirit acts. While the superadded spirit makes man the crowning act of creation, and gives him "dominion over all the earth, and over every living thing that moveth upon the earth," that enables him to harness the forces of nature, and make every element subservient to his purpose, all its possibilities lie in the healthful and harmonious development of the body through which it acts; and always and everywhere men with the strongest moral instincts and mental powers—instincts and powers that have led them to seek peace, temperance, chastity, and brotherly love—have been the men who have moved forward the ages, and each year added to such lives, with its added knowledge, has been of inestimable value to the state. Who shall calculate the value of the last years of the great English octogenarian to his country? Very few reach the age of Gladstone, and very few have had the education, training and surroundings that have so long made him the great power of the state, but *ab uno disce omnes*. If one man may live and thus bless mankind, why not all?

THE SANITARY PURPOSE OF THE STATE.

The contaminations incident to civilization, especially to centers of population, make necessary the organization of society, and states are formed and cities and villages incorporated that the interest of the citizen may be promoted and his rights protected. And what interest has he greater than health, and what right dearer than life? These are often destroyed by causes over which he has no control. Filth may accumulate in a neighbor's yard, and cesspools and privy vaults honeycomb its soil, contaminating the air and carrying the most foul and dangerous pollutions to the storage water that supplies the neighboring wells, producing disease boundless in its reach. A pigsty may not be offensive to its owner, while it offends every refined sanitary sense and is a generator of disease. A city throws its sewage into an adjacent stream and sends disease to all to whom it flows. Against all such contaminations it is the duty of the state to extend needed protection.

In the fifth annual report of the State Board of Health, page 17, we find a report from a committee composed of the Secretary and one member, both residents of Topeka. After emphasizing the dangers arising from emptying sewage into streams, they memorialize the governor to call the attention of the State Board of Charities to the fact that the asylum empties its sewage into the Kaw, and closes with the truthful statement:

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The public health being among the most cherished interests of the state, it seems impolitic and unwise, as it is illogical and indefensible, that the state should maintain a nuisance which directly assails that interest.

This committee, representing a *state board*, should have known that Topeka empties all her sewage into the same stream, and that a rule of law requires a plaintiff to have clean hands. The proper disposal of sewage is one of the great sanitary problems of the age, but sanitary science points out better methods than throwing it into streams and sending pollution to all to whom they flow, while their contaminations destroy the life of the fish, that furnish an important food product. The law of Kansas "strains at a gnat and swallows a camel." General Statutes of 1889, ¶ 2456: "If any person or persons shall put any part of the carcass of any dead animal into any river, creek, or pond, etc., and every person so offending shall, upon conviction thereof, etc.;" all this while cities may pour into the same stream the contents of unnumbered privies and immeasurable filth. We would respectfully recommend that the streams of Kansas be protected from every kind of contamination, by appropriate legislation; and where streams so contaminated furnish water to the people, the law should require water companies to use the most advanced methods of sedimentation and filtration.

We who enjoy the twilight of the nineteenth century, who live in the United States of America, and in its central state, are sometimes disposed to boast of our civilization. While in many things we are doubtless far in advance of the republics of former ages, what have we that equals the magnificent examples of her regard for the health of the people that Rome has left in every country she conquered? In the "eternal city" 22 splendid aqueducts brought the purest water from neighboring mountains in such quantities that reservoirs and fountains and baths and cleanliness characterized the city, while her *cloaca-maxima* carried all her sewage to the sea. As a corollary, her great historian, Pliny, has recorded that for 600 years she needed no other medicine than her baths.

To show the effects of pure water upon health, we give one illustration from hundreds that are matter of history. In the results of a single disease, the sanitary records of Vienna, Austria, show that from 1851 to 1874, when well water was largely used, with a limited supply from the Danube, the death rate from typhoid fever was from 100 to 340 per 100,000 inhabitants. In 1874 the amount of well water was diminished and the water supply taken from springs, and the death rate from typhoid fever fell to 50 per 100,000. For the last 10 years the wells have been wholly abandoned, and the death rate from that disease has been 11 per 100,000.

The father of Methodism said "Cleanliness is next to godliness;" the sanitarian says "Cleanliness *is* godliness." It prevents disease, preserves health, prolongs life, and refines, and ennobles, and purifies. Cleanliness requires an abundance of pure water. Is it lack of knowledge, or man's disregard for his fellow-man, and the greed of gain, the political control of a few

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millionaires, that prevents the expenditure necessary to the development and preservation of health?

Professor Nichols, one of the highest American authorities, says: "In localities where there is a public water supply, it should be made the duty of the water board companies to deliver water to consumers in a condition fit for domestic use, except in respect to temperature. If the source which is on the whole the most available is such that filtration is necessary, the water should be filtered on a large scale by the authority controlling the works. Even taking into account the large amount of water used for extinguishing fires, flushing sewers, watering streets, etc., it would no doubt be cheaper, in any given case, to filter the entire supply on the large scale than for each consumer to filter, with equal thoroughness, his individual supply.

PROTECTION TO HEALTH AND LIFE.

People are often disposed to wonder that disease is so common, and that death so often destroys those in the prime of life, and the doctor invents many apologies for death. Though life is the one boon that lost can never be regained, of what do the people know less and what do they violate more frequently than its inexorable laws? Most diseases arise from our unwisdom or our disregard for the laws of life. Nature has made abundant provision for the supply and purification of water and air, and in Kansas there is no lack of food. The genius of civilization should enable us to discover safe and efficient methods of sewage disposal. The accumulation of sewage incident to centers of population is the cause of much of the disease of all cities. We give one illustration. Munich is the home of Doctor Pettenkoffer, one of the most distinguished sanitarians of Europe. He says:

At Munich, the enteric (typhoid) fever mortality per 100,000 inhabitants, per quinquennial period, was: From 1854 to 1859, when there were no regulations for keeping the soil clean, 24; from 1860 to 1865, when reforms were begun by cementing the sides and bottoms of porous cess pits, $16\frac{8}{10}$; from 1866 to 1873, when there was partial sewage, $13\frac{3}{10}$; from 1876 to 1880, when sewage was complete, $8\frac{7}{10}$.

We make a brief quotation from the report of Dr. C. W. Chancellor, the able secretary of the State Board of Health of Maryland, sent by his state to study sewage disposal in Europe:

These results illustrate the effect of purifying the air of cities and towns by the rapid abstraction of refuse matter, so as to prevent it from remaining and putrifying in and upon the ground.

These figures show a reduction in the death rate of the above towns from typhoid fever alone of fully 24 per cent., and it is fair to presume that diphtheria and other zymotic and miasmatic fevers would be similarly affected. It may therefore be estimated that in the city of Baltimore, where there are, according to the last report of the health department, 1,780 deaths annually from such diseases, about 500 persons who now die of those diseases would be saved from death every year, if the city were properly sewered; and if 12 cases of serious but not fatal illness be reckoned for every death, it follows that about

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6,000 persons would be saved from a sick bed through the influence of this sanitary measure alone, while the saving to the body politic may be estimated in figures as follows: 500 funerals, at an average cost of $30 each, $15,000; 6,000 cases, at an average cost of $15 each for medical treatment and other expenses, $90,000; loss of time, averaging 10 days each, at $2.50 per day for each person sick, $15,000; total annual loss, $120,000. And this does not estimate the loss to the state of all the years of the 500 who died in the vigor of life. What is true of Baltimore is true of any other city that is not properly sewered, and any city is improperly sewered whose sewers do not reach every cess pit, and carry away by frequent and full flushing all sewage, without the possibility of an escape of sewer gas, and dispose of it in such manner that it cannot injure others.

The question of the removal and disposal of the sewage is one of the most important sanitary questions of the age, but one that every public interest demands shall be satisfactorily solved and applied. The air of our cities and villages is contaminated by emanations from various deposits, while perfect ventilation, either in the home, the schoolhouse, or public building, is exceptional. A want of the appreciation of the purity and cleanliness of food products is observed every day, not only in adulterations and deteriorations, but in our streets, where, by way of advertisements, butchers and grocers hang out and set out meat, vegetables, and fruits, to catch the dust of the streets, composed chiefly of the droppings of horses and cattle and the dried expectorations of the tobacco chewers, the catarrhal, and the consumptive. Such practices are neither healthy nor in harmony with æsthetic tastes.

DUTIES OF THE STATE BOARD OF HEALTH.

The law organizing the Kansas State Board of Health says: "It shall supervise the health interests of the state, and make careful inquiry into the cause of disease, especially of epidemics, and investigate the sources of mortality and the effects of localities, employments, conditions, ingesta, habits and surroundings of the people, and shall advise officers of the government or other state boards in regard to location, drainage, water supply, disposal of excreta, heating and ventilating of buildings, etc." Clearly the Board was intended to be a public benefactor, created to protect the health of the people; but it has been advised that its powers are chiefly advisory—that however great a nuisance, however prolific a source of disease, it has no power to abate or remove it.

The Board would respectfully recommend that the law shall be so amended that it may meet the expectations of the people, and enable it to protect them against all the patent causes of disease, and so preserve health and prolong life. What laws are more important than those that give life and all its possibilities?

VITAL STATISTICS.

The law further provides, that

It shall be the duty of every physician practicing his profession in the state of

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Kansas to keep a record of the deaths occurring in his practice, or that may come under his knowledge where death occurs without medical attendance, noting the form of disease, and, as far as possible, the cause that produced it, and to report the same to the local board of health where it occurs, etc.

Perhaps we cannot better emphasize the importance of this law and of the collection of vital statistics than by referring you to the papers published by the Kansas State Board of Health pertaining to this subject. Vital statistics are the foundation upon which sanitary science rests. They tell where disease exists, its causes and results—a knowledge necessarily precedent to all intelligent and efficient sanitation—and, where they include marriages and remarriages, divorce and its cause, births, and epidemics of disease, they furnish the balance sheet, the profit-and-loss account, of the state, as well as the data for preserving the health and prolonging the lives of the people.

While the law provides a penalty for every failure to report, the Board is advised that there can be no compulsion where there is no consideration for the labor demanded.

We would respectfully recommend that permission to practice medicine in the state, and to collect bills as other laborers collect them, be made a consideration; and the importance of the consideration to the state and its justice to the physician will be apparent to all who consider the necessary labor, exposure and danger incident to the practice of medicine.

Such statistics, to be valuable, must be collected by those who comprehend the subjects upon which they report. We give an illustration of reports by those ignorant of diseases, taken from the Connecticut State Board report for 1892, page 180:

Puerperal fever in a male under one year old.

Suicide by an infant less than one year old.

An old man between 80 and 90 died of puerperal hemorrhage.

A little boy between one and five years old died of septicaemia.

Two ladies, one between 60 and 70, and one between 70 and 80 years of age, died of child-bed fever.

An infant under one year old died of effusion of the head.

An old man between 70 and 80 perished of sterility.

What can a sanitarian, even as distinguished as Dr. C. A. Lindsley, secretary of the Connecticut State Board of Health, make out of such reports?

MEDICAL-PRACTICE ACT.

During the year that has just closed, the Board has received more than 500 letters from intelligent physicians and citizens living in different parts of the state, asking it to recommend a law to regulate the practice of medicine. As every thoughtful and observing person knows, this is a matter of vital importance to the state. Many of the countries of Europe, and most of the states of the Union, have recognized the fact that a *medical education* should precede the right to *practice* medicine. Kansas, being without any efficient law upon the subject, is made the camping ground of merciless and unscrupulous quacks, who, by artful appeals to suffering humanity, by alleged superior

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knowledge, by delusive promises and attractive advertisements, continually disappoint hope, and furnish grounds for such satires as that of the "Death of Doctor Hornbook":

"Where I kill ame a fair strae death,
By loss o' blood or want o' breath,
This night I'm free to tak my aith,
That Hornbook's skill
Has clad a score i' their last claith
By drap an' pill."

When the ignorance and heartlessness of these charlatans, who constantly destroy that which the state is most sacredly bound to protect—the health and life of its citizens—are discovered, they simply change their location, and the work of death goes on.

The argument of the quack is, the citizen when sick has a right to employ anyone he desires.

He has a right to know that those whom he employs are what they assume to be. If he has a right to protection against any class of frauds, that right is most pronounced when the fraud takes that which is of the highest possible value, which the citizen has no power to protect, and which cannot be restored. The highwayman says, "Your money or your life;" and the medical fraud, "Your money and your life." He comes in the guise of friendship and relief, and, for the poor pittance of a bill for medical services, adds an undertaker's bill, and robs the home and state of a precious life. We give one example of this class, taken from the *Kansas Medical Journal* for October, 1892:

There is here in the city of Topeka an excellent illustration of this whole business of nostrum vending and quackery, with all its assurance, its ignorance, and its unscrupulousness. A short time ago the mails were filled with the advertisement of a remedy for the prevention of conception and child bearing: "The New Discovery," "The Antiseptic Safe Capsule Co., 1227 Kansas avenue, Topeka, Kas," "The effort of 20 years crowned with success," "The result of a lifetime of study, by one of America's greatest physicians," "*One thousand dollars in American gold for any failure, if used as directed*," becomes, with the same *trade mark*, the pink of perfection, "The Antiseptic Chemical Co., 607 Buchanan street, Topeka, Kansas."

Interrogating this address, we find on the horse block the very suggestive name Booge [Bogie], and naturally infer that this "greatest of American physicians" is Doctor Booge, hitherto known to fame as the proprietor of the paper addition to the city of Topeka called "Chicago Heights;" a money getter out of a job, who suddenly becomes "the peer of America's greatest physicians;" a medical shyster—a fitting example of the whole business. For the pecuniary consideration of a few dollars, he seeks to destroy the life the God of nature created to people the earth, to kill the prospective native-born citizen of the state or injure the germ of the life that is to be, to people the world with broken lives, and by tampering with the processes of nature to destroy the health and shorten the life of the mother.

Nearly every newspaper, religious and otherwise, for a consideration, places

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prominently before its readers alleged cures that every intelligent man knows are there for personal aggrandizement and not for the public good, while even pharmacists, physicians and surgeons of some repute, for personal gain and in defense of some medicine or method, publish misleading statements, giving successful cases and omitting failures. The interests of the public health require "the truth, the whole truth, and nothing but the truth."

Under the laws of Kansas, no one is permitted to teach in her schools or to practice in her courts without having first passed a satisfactory examination before a competent board. This is well. Yet the methods of both the teacher and the attorney are open to inspection. Their acts and words are before the public, and most men are capable of judging of their qualifications, while their errors may be corrected. But what is education, what is property, compared with the life that enjoys their blessings and extends their benefits?

The doctor feels the pulse, looks at the tongue, and says, perhaps with that appearance of wisdom so often caricatured, take this, or take that. The patient has no means of knowing whether he has or has not correctly diagnosed his case, whether he is giving him antimony or arsenic, opium or aconite, bel or bry; and, if he did know, would not know their therapeutic force, until, perchance, taught by a never-to-be-repeated experience. The citizen is not expected to be an expert in medicine, or to know at sight whether those who assume the title of doctor—*doctus learned*—are learned in the art and science of medicine. He may be an excellent farmer, a skilled mechanic, a learned attorney, an eminent divine, but he cannot be either and at the same time distinguished for his knowledge of anatomy, physiology and pathology, chemistry and therapeutics, practical medicine and surgery, obstetrics and preventive medicine. The profession of medicine covers so much, and so much of vital importance to every citizen of the state, that it demands the constant study of thoroughly-trained minds. The state of Kansas has recognized all this long ago (see "medical practice" act, Session Laws 1870, chap. 68), but the law is so defective that it does not give the protection designed. Permit us, therefore, to ask your excellency to recommend such amendments as will give the protection that this act was intended to secure.

HEALTH BULLETIN.

For the dissemination of sanitary knowledge among the people, communicating needed information, and awakening interest in preventive medicine, thereby increasing the health, happiness, morality and prosperity of the peopeople, the State Board of Health would respectfully and earnestly recommend the publication of a monthly bulletin of health, under the supervision of the Secretary, assisted by a competent sanitary editor. Several of the states publish such journals, and their influence in promoting health and uplifting the people have been most satisfactory. We give a single illustration, showing the need of such a publication.

Only a few days ago an eminent sanitarian reported to us that the day previous he had found at his office a request to call at 1300 ——— street.

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Responding to the call, he found the house marked with the red sign "Diphtheria," and in a room 12 x 14 feet were four patients, and four or five other persons. Recognizing the close and offensive atmosphere common to overcrowded apartments, especially where there are sick, the following conversation occurred:

"How often do you open your windows and ventilate your room?"

"We have not opened the windows since we have been sick."

"Do you not recognize that the air is very impure?"

"Yes; but the doctor says we must not open them, for fear of a draft."

"Do you not know that if you have a contagious disease you intensify the poison by keeping the room closed, making it dangerous to all who enter it, and most dangerous to the sick? that if this foul air could go out into the boundless ether it would soon be diluted and purified, and pure air would come in and destroy any poison that remained and give life and health to the sick? that you can make any disease grave and anybody sick by confined and impure air? I see you have the house labeled Diphtheria.' Let me see your throat. How long have you been sick?"

"Two weeks."

"Let me look at your throat" (addressing patient No. 2). "How long have *you* been sick?"

"Since yesterday."

"Are you sick" (addressing a man lounging on the lounge)?

"No; I drive the doctor."

"Who says you have diphtheria" (addressing patient No. 1 again)?

"The doctor."

"What doctor?"

"That doctor" (pointing to a nice-looking elderly lady).

"Are you a doctor, madam" (addressing the old lady)?

"Yes."

"Do you call this diphtheria?"

"I guess that I have been practicing medicine long enough to know diphtheria."

"Perhaps. When did you graduate in medicine?"

"My husband graduated *50 years ago*."

"Do you know that diphtheria means *false membrane*, and that none of these patients have any false membrane?"

"Because I have cured it."

"You have done well; especially in the case that sickened yesterday. When did you ventilate or fumigate this room?"

"The health officer will ventilate and fumigate the house when I discharge the patients."

Here was preventive medicine with a vengeance. Four cases of epidemic catarrh crowded into a small room with a number of attendants and visitors. No ventilation permitted, and no fumigation.

Two husbands and fathers, whose business demanded their attention, barred from their homes and families for a fortnight, with an indefinite future before them, while a *driver* was admitted to the sick room to carry whatever could be carried wherever he went.

Whether the lack of ventilation and fumigation, delayed until the patients are dead or well, and whether calling noncontagious diseases contagious, arises from ignorance or is practiced for a purpose, and barring heads of families

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from their women whether the disease is contagious or otherwise, while an attendant on the "doctor" is admitted to the sick room, are calculated to bring the value of isolation and disinfection into disrepute. They emphasize the importance of enlightening the people on the important questions connected with hygiene and preventive medicine.

HENRY A. DYKES, M. D., Secretary.

PROCEEDINGS OF THE BOARD.

MINUTES OF THE FIRST QUARTERLY MEETING—1893.

TOPEKA, March 9, 1893.

The Kansas State Board of Health met in regular quarterly session in its office in Topeka. Present: Doctors Johnson, Jones, Welch, Sabine, Hill, and the Secretary.

Doctor Johnson presiding.

The minutes of the previous meeting were read, duly approved, and adopted.

The Secretary presented his report of the operations of the public-health service since the last meeting, including his action, under authority of the Board, upon matters arising in the interval since December 21, 1892.

After a full discussion of the report, the same was, upon motion, unanimously approved and adopted as the proceedings of the Board for the period embraced therein; this approval and adoption to relate to and include all the official acts of the Secretary, together with his recommendations, as the same are detailed in his report, to be engrossed for publication.

Doctor Jones offered the following resolutions and moved their adoption, namely:

WHEREAS, The authenticity of the rules of this Board, which were submitted by our Secretary, Dr. M. O'Brien, for our adoption at our meeting of December 3, 1891, and which were at that time intended to be and were duly approved and adopted, has been questioned upon the grounds that the record of the proceedings of said meeting fails to specifically and with due distinctness show the formal adoption of said rules; and

WHEREAS, The said rules, although submitted to us at the said meeting, with the Secretary's report of the operations of the public-health service, were not embodied in said report as printed, nor in our annual report for the year 1891, but were separately printed, by our order, in pamphlet form, in order to avoid the expense of what we deemed would be an unnecessary repetition: therefore, be it

Resolved, That in order to remove all doubts upon this important matter hereafter, we do now hereby reaffirm our approval of the said rules, and do now hereby formally approve and adopt the same (subject only to the amendment of rule 25, as adopted at our meeting of December 21, 1892, and to such further amendments of the rules as may become necessary from time to time), in all respects as they are given on pages 31 to 43 of this book and in the pamphlet of rules, printed in 1891 by the Hamilton Printing Company: E. H. Snow, state printer, Topeka, Kas., and containing a note as to their distribution, publication, etc., by M. O'Brien, M. D., Secretary, by our order, the same being in all respects our act in conformity with the statute requiring us to make, adopt and publish rules.

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Resolved, That we likewise now and hereby reaffirm our approval, and do now and hereby formally approve and adopt as our acts, the contents of the pamphlets entitled "The Duties and Powers of Local Boards of Health," and "The Health Laws of Kansas," both printed in 1891, by the same printing establishment as aforesaid, and both containing notes as to their purpose, distribution, etc., by M. O'Brien, M. D., Secretary, by our orders, in fact.

Resolved, That we now and hereby formally reaffirm our approval, and now and hereby formally approve and adopt as our acts, in all respects, all of the official acts of our Secretary, Dr. M. O'Brien, as the same appear in his several reports to this Board of the operations of the public-health service, as they appear in our printed seventh annual report to the chief executive of the state, for the year 1891, dated January 1, 1892, including all circulars, blanks, original or amended, including their issuance and distribution, and all letters of instruction to health officers and others, either printed or written, requisitions for printing, etc., the same having all been done under our instructions, in fact.

The motion to adopt the resolutions as above being seconded by Dr. Sabine, they were, on motion, duly adopted, by the following vote: Ayes, Doctors Johnson, Jones, Hill, Sabine, and Welch; nays, none—five for and none against. Declared duly adopted. Doctor Jones also offered the following resolutions, and moved their adoption, viz.:

Resolved, That rule 25 of the rules of this Board be and the same is hereby amended, to read as follows: "Rule 25. All births and deaths occurring in the practice of physicians shall be reported to the local board of health where the same occur within ten (10) days after the expiration of the month in which they occur, in the manner indicated by the blank forms prepared by this Board from time to time and distributed through the county health officers: *Provided*, That deaths occurring from infectious or contagious diseases shall be reported as above prescribed within twenty-four (24) hours after their occurrence."

Resolved, That the said rule 25, as thus amended, is hereby adopted as the rule of this Board, prescribing the time and the manner in which such reports are required to be made under section 6034, General Statutes of 1889, and the same shall be effective from and after its publication in the official state paper. The Secretary of this Board shall have the rule printed and distributed to health officers, with such explanatory information respecting its application to the administration of the public-health service as he may deem necessary.

The motion to adopt the resolutions as above being seconded by Doctor Sabine, they were, upon motion, duly adopted by the following vote, namely: Ayes, Doctors Johnson, Jones, Hill, Sabine, and Welch; nays, none—five for and none against. Declared duly adopted.

The Secretary reported having completed and submitted the annual report on February 16, 1893. It was now in the hands of the printer, who had promised to commence its publication before long. The number of copies ordered to be printed is 3,000—2,000 in paper and 1,000 in cloth binding.

The Secretary was directed to request of the printing committee that 500 extra copies of the registration of physicians be printed; and he was empowered to reduce the number of reports by as many as would provide for this extra publication, if necessary.

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The Secretary reported the action taken by him with respect to delinquent counties, and the same was duly approved.

The Secretary reported the enactment by the legislature of the bill submitted by the Board for the preservation of the public health against epidemic cholera and other infectious and contagious diseases; also, the appropriation of $10,000 for use, in case of necessity, to repel a cholera infection. The bill enacted as above provides that rules and regulations shall be made by the Board, and it was resolved that the Secretary prepare the same and submit them to the Board at its next meeting.

The other measures presented to the legislature, viz.: To provide for the registration of medical practitioners; to increase and define the duties of the state and local boards of health, and to provide for the collection of vital statistics, although approved by the senate committee on public health, failed to be considered.

The Secretary was authorized and directed to remit $10 to the treasurer of the American Public Health Association, for the purpose of retaining membership therein.

The action of the Secretary in presenting to Doctor Jenkins, health officer, port of New York, the attitude of the Board with respect to the recently enacted quarantine measure, was approved.

The Board took a recess at 6 P. M. until 7:30 P. M.

MARCH 9, 1893—7:30 P. M.

The Board reconvened. Present: The same members as before, with the addition of Doctors Swallow and Williams.

The following bills were presented and referred to the auditing committee:

Dr. G. H. T. Johnson, inspecting state charitable and penal institutions in December, 1892, and January, 1893	$20 00
Dr. J. Milton Welch, inspecting state charitable and penal institutions in December, 1892, and January, 1893	52 83
Dr. R. A. Williams, inspecting state charitable and penal institutions in December, 1892, and January, 1893	30 19
Dr. R. C. Musgrave, inspecting state charitable and penal institutions in December, 1892, and January, 1893	17 40
Dr. A. Sabine, inspecting state charitable and penal institutions in December, 1892, and January, 1893	30 00
Dr. G. H. T. Johnson, expenses attending this meeting of the Board	6 30
Dr. H. D. Hill, expenses attending this meeting of the Board	17 00
Dr. R. A. Williams, expenses attending this meeting of the Board	9 75
Dr. J. Milton Welch, expenses attending this meeting of the Board	15 24
Dr. A. Sabine, expenses attending this meeting of the Board	28 28
Dr. F. Swallow, expenses attending this meeting of the Board	7 45
Dr. D. C. Jones, special sanitary work in September, 1892	15 00
Dr. M. O'Brien, special sanitary work in connection with threatened cholera invasion, etc.	150 00
Dr. M. O'Brien, special sanitary work	5 30
Dr. M. O'Brien, expenses of office, rent, postage, etc.	131 50
Dr. M. O'Brien, expenses incurred with American Public Health Association on account State Board of Health	10 00

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SECRETARY'S REPORT FOR FIRST QUARTER, 1893.

Numerous changes have taken place among county health officers since our last meeting, of which the following list is submitted:

Anderson	Dr. John A. Henning	elected vice Dr. D. C. Van Stavern.
Cloud	Dr. T. E. Raines	elected vice Dr. J. H. McCasey.
Dickinson	Dr. E. E. Hazlett	elected vice Dr. F. J. Boutin.
Harper	Dr. C. E. Bowers	vice Dr. H. N. Kirkpatrick.
Labette	Dr. E. Tanner	elected vice Dr. L. T. Strother.
Lyon	Dr. C. H. Wetmore	elected vice Dr. T. C. Biddle.
Nemaha	Dr. I. H. Magill	elected vice Dr. A. G. H. Anderson.
Osage	Dr. J. I. Sweezy	elected vice Dr. James Haller.
Phillips	Dr. H. D. Brothers	elected vice Dr. H. Wallace.
Pratt	Dr. W. H. Everson	elected vice Dr. O. L. Peak.
Rooks	Dr. W. B. Callender	elected vice Dr. W. A. Leigh.
Shawnee	Dr. T. W. Peers	elected vice Dr. A. A. Raub.
Thomas	Dr. John Martin	elected vice Dr. C. H. Martin.
Wichita	Dr. H. R. Wilcox	elected vice Dr. A. R. Knapp.

The following counties have reported the election of health officers, viz.:

Atchison	Dr. P. S. Mitchell, Atchison.
Haskell	Dr. S. P. Creson, Santa Fé.
Linn	Dr. J. W. Smoot, Mound City.
Sumner	Dr. W. M. Martin, Wellington.

By these changes we have lost the services of several efficient colaborers.

It will be difficult to replace such excellent health officers as Strother, of Labette, Black, of Franklin, Peak, of Pratt, Boutin, of Dickinson, Anderson, of Nemaha, and others who might be mentioned in this connection. It serves to illustrate the urgent necessity for fixing the tenure of office of these officials independently of mere political considerations. This Board is powerless in a matter which vitally concerns the welfare of the public-health service. Owing to the changes all occurring about the close of the year, before the returns for the year have been prepared, the outgoing officials have felt themselves released from the obligation to make the usual annual returns. This has been the case in Scott county, whose health officer, Dr. J. F. Bond, declined to make any returns, and to a less extent in Cloud county, where reports were not prepared in due form.

The health officer of Shawnee county, Dr. A. A. Raub, made no returns for the year, the few statistics published from that county being obtained from other sources; but it may be stated in explanation that Doctor Raub was appointed health officer only a few weeks before the close of the year, during which he was embarrassed by the state of the records left by his predecessor, Doctor Williamson.

The health officer of Bourbon county confessed himself unable to make

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any returns for the year, none having been made to him. We thereupon addressed the board of health of that county as follows:

Chairman County Board of Health, Fort Scott, Kas.: JANUARY 5, 1893.

DEAR SIR—I am directed by the State Board of Health to request that you will hereafter furnish us with the reports and information required by law to be furnished by county boards of hearth. Your health officer states he is unable to report the usual annual returns of births, deaths and marriages because the physicians have not reported to him; that he has received no reports for the past quarter.

The power of your board to compel such reports is undoubted—see circular No. 2, inclosed—and we trust you will direct your health officer to exhaust this power before abandoning the effort.

Under the circumstances, there can be no satisfactory or creditable showing of Bourbon county in our annual report, which we regret. The fact is, the reports from your county have always been unsatisfactory for the reason stated. It is an unusual state of things for a county of the importance of yours, and we urgently request that you take immediate steps to bring it to the place of usefulness in this respect occupied by other counties in the state.

At the present time, in view of the dreaded cholera invasion, there is especial reason why we should know how many deaths are occurring, and from what causes. The law has made you the conservators of the public health in your county, and we ask for your coöperation and support.

The health officer of Jackson county, Doctor Rafter, receiving no compensation and being unwilling to resort to legal proceedings to enforce his authority, elected to resign his office; no successor.

The returns for the year from Butler, Barton, Cowley, Marshall, Phillips, Rooks, Stafford, Saline, Woodson and other counties were, in some essential respects, a disappointment, considering the character and ability of the health officers concerned. In the case of Barton county, the health officer was appointed about the close of the year, and the records of the office were very incomplete.

The health officer of Cowley county, having only the undertakers' returns from which to prepare the annual return of deaths, and deeming them unreliable as to the cause of death, reported only the number of deaths. The same with Marshall and Stafford counties, although in the latter case the illness of the health officer affected the character of the returns, and this may also be said in excuse of the returns from Phillips county.

No returns for the year were received from Douglas county, although having a nominal health organization.

The health officers of Franklin, Harper, Osage and Scott counties reported about the first of the year that their offices had been abruptly discontinued by the commissioners of their respective counties. In the case of Osage county, this condition was shortly changed by the designation of Dr. J. I. Sweezy as health officer, who stated that the commissioners, after looking up the law, had reconsidered their former action.

The health officer of Coffey county writes, under date of January 16:

I am sorry to report my entire work here a failure. The commissioners and

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county attorney have changed front. A meeting of the physicians of the county was called on the 12th inst., at which a resolution was adopted not to report to the health officer. This was presented to the county commissioners, who thereupon informed them, contrary to my advice, that they would allow nothing to be done in the way of prosecuting them until after the adjournment of the legislature, when they thought the law would be amended or abolished. I am satisfied that the law as it now stands will never be enforced in this county. I am thoroughly discouraged. There should be a penalty upon the commissioners' action, and for failure to report births and contagious diseases.

The health officer of Miami county writes: "Our commissioners failed to appoint a successor, and I refused to act any longer; and I think they intend to just leave it without a health officer."

Morris county's board elected a health officer about September of last year; but nothing was done, although, as the county clerk writes: "He (the health officer) drew his pay regularly." Finally, after overlooking his negligence on the various excuses presented, this Board urged him to send in his returns, if he would avoid being reported for neglect of duty; whereupon he stated he had not received a report of any kind since his appointment; that he was disgusted with the whole business and would resign at once, which he has done. The county clerk writes that he doubts if the board will do anything about appointing a successor, as they have appointed several in the past, who had done just as the last had done—drawn their salary and nothing more, and they seemed to think it useless to pay an officer for doing nothing, etc.

The only fault to be found with this conclusion is, that the Board neglected its duty in not compelling the health officer to perform the duties of his office. There appears to be a misapprehension on the part of some county commissioners on this important matter. They seem to overlook the fact that the health officer is a member of the board of health and directly under their charge; and that, while under the law he owes a duty to the State Board of Health, it was not intended that he should be thereby absolved, in any respect, from executing his duties to his county board. The following communication to the attorney general will illustrate the views and position of this Board upon the foregoing:

Hon. John T. Little, Attorney General: JANUARY 23, 1893.

SIR—I am directed by the State Board of Health to invite your attention to the delinquency of certain counties in respect of failing to maintain their county boards of health as required by law.

The subject has heretofore been frequently brought to the notice of the governor and attorney general. In a communication to Governor Humphrey, dated in November, 1891, we stated as follows:

The deliberate, long-continued opposition or refusal of coöperation on the part of Leavenworth, Douglas and a few other counties, representing the bulk of our population, and, strangely enough, in great part, also, the wealth, intelligence and culture of the state, has done more to retard the progress of the public-health interests than any other single cause within our knowledge.

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At that time there were 20 delinquent counties, but, under the stress of our repeated requests, supplemented by the propitious "cholera scare" of last summer, the number has been steadily decreased, until we feel hopeful of soon having every county in the state in active coöperation with us. Recently, however, there has occurred a considerable falling off, until there are now 13 delinquent counties, as follows, viz.: Allen, Coffey, Doniphan, Douglas, Franklin, Harper, Haskell, Jackson, Leavenworth, Miami, Morris, Scott, and Trego.

The counties of Doniphan and Leavenworth have never complied with the law. Allen and Trego counties have been delinquent for several years.

Douglas claims to have a health officer, but he is doing no health work, is not in communication with this Board, and we find it difficult to believe that his appointment was made in good faith.

Franklin, Harper and Scott counties had health organizations until within a few days, when they were abruptly discontinued, and the health officers of all but Coffey county discharged.

The reasons advanced for this sudden change of front are various, as follows: The Franklin county commissioners decided to let the matter go until the adjournment of the legislature, meanwhile discharging the health officer.

In Harper and Scott counties, the commissioners affected to believe a continuance unnecessary, and therefore abolished the office.

In the case of Coffey county, the commissioners and county attorney, moved by a petition from certain physicians of that county who have conspired to disobey the law requiring them to report births, deaths, etc., to the county health officer, decided to allow no prosecutions for violations of said law until after the legislature should adjourn, in the view that the law would in the meantime be amended or abolished. We submit this last proposition is preposterous, and calls for especial condemnation.

We have the honor to request that these counties and all others, as given herein, be brought to a realizing sense of their position, without unnecessary delay. Doubtless, the several boards of county commissioners may be compelled, by a *mandamus* proceeding, to carry out the law's requirements. To permit them to continue in contempt of the law, is not only demoralizing to the public-health service of the state, but is also an injustice to the people, who are thereby excluded from the benefit of the laws enacted in their interest.

While it is true that the inhabitants of small towns and rural districts have not to contend with the complex sanitary problems found in large centers of compact population, they are, nevertheless, subjected to many insanitary conditions, which can only be controlled by authority of the state, delegated to proper representatives.

In case of diphtheria, scarlet fever or other dangerous contagious disease breaking out in a farmhouse, it is just as important that some one with authority should look after it—prohibit visiting, protect the school, the

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church, and the market—as to have a board of health in a city look after such cases. Cities must, per force, establish boards of health, and to these boards much power is given, their authority being mandatory and peremptory, while the great body of the people, residing in small towns, villages, and rural districts, are dependent upon their county commissioners acting as boards of health; and there is no doubt these boards were created to do for them what the city board of health does for residents of cities.

The tendency is strong to use the rural districts as the dumping ground of municipalities. The inhabitants of cities will not tolerate slaughterhouses, stock yards, pigpens, etc., and they are consequently driven from city limits to sicken and annoy the country people, who have no redress except through their county boards of health; and when these fail them, when their county commissioners, through the unwarranted assumption of a discretion not committed to them by the law, fail or refuse to act as such boards, they are left entirely helpless.

We respectfully submit that, in matters of health, the whole people should be given protection, and the laws be made as effective in the country as in the town.

A summary of the situation at this time shows that 94 counties have health organizations at this date, with two counties (Coffey and Douglas) doubtful, and that the counties of Allen, Doniphan, Franklin, Harper, Jackson, Leavenworth, Miami, Morris, Scott and Trego are without such organizations.

THE ADMINISTRATION OF THE SERVICE.

The following extracts from health officers' communications, with the action of the Board thereon, as required, are submitted:

ANDERSON COUNTY. Dr. D. C. VAN STAVERN, late county health officer, Garnett.

So long as the office of health officer is given to the lowest bidder, so long will the results be unsatisfactory. If the county commissioners would appoint a man at a fair salary, it would keep out undesirable men, and the physicians of the county could be induced to report; but the office is hawked about every year. I am in hearty sympathy with sanitary work, and will do all in my power to raise the standard in this county.

Dr. J. A. HENNING, present county health officer, Garnett: In reply, will say I will do my best. The physicians have an idea they do n't have to report. What shall or can I do about it?

Instructed to prosecute, consulting with the county attorney.

ATCHISON COUNTY. Dr. P. S. MITCHELL, Atchison.

I find the physicians have not been reporting, but they all promise they will do so now. I believe, with your assistance, I can get the vital statistics of this county.

COWLEY COUNTY. Dr. GEO. EMERSON, Winfield.

It seems to be the chosen line of benefaction to the public-health interests on the part of the county attorney of this county to dwell upon the invalidity of the law requiring physicians to report the deaths occurring in their prac-

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tice to the local board of health where the same occur. The fact that the legislature has provided that such reports shall be made *at the time and in the manner* prescribed by this Board is, to his mind, a proposition so preposterous as to be conclusive against the constitutionality of the law, and he accordingly refuses to prosecute delinquents. The views of the county attorney have been disseminated through the county to such an extent that the health officer is powerless to make head against it. Consequently, the physicians do not report in that county. As stated in the report for last year, the annual return of deaths from Cowley county represented only the data furnished by the undertakers, and was so incomplete and inconclusive as to be practically valueless.

The controversy on this subject being resumed this year, the following communication was addressed to the attorney general:

Hon. Jno. T. Little, Attorney General:

SIR—As a reason for not reporting in due form, as required by law, the vital statistics of his county, the county health officer of Cowley county, Dr. Geo. Emerson, of Winfield, states the county attorney refuses to prosecute delinquents. I am directed by the State Board of Health to invite your attention to this gross irregularity and to request that steps be taken, without unnecessary delay, to compel this recreant official to perform his duty.

BARTON COUNTY. Dr. S. J. SHAW, Great Bend.

The trouble is, the physicians fail to report; but I will do my best.

CLOUD COUNTY. Dr. T. E. RAINES, Concordia.

Complains of waste water from a laundry on the main street, city of Concordia, and requests instructions as to the abatement of the nuisance. Replied: That as the city of Concordia has a board of health or health committee, the nuisance complained of, being within the city limits, was naturally within the authority of the said board or committee and should be left with them. In case of nonaction or delayed action on their part, to address the mayor on the subject. Meanwhile, to inform complainants that their recourse was upon the city.

CHEROKEE COUNTY. Dr. J. H. BAXTER, Columbus.

Reports that his books and records have been destroyed by fire, and cannot, for this reason, make any report for the quarter. He adds:

I have written the physicians urging regular monthly reports and stating consequences if they do not. I promise you I will have reports this year, or the law will prove of no avail.

DONIPHAN COUNTY.

Health board unorganized. The following communication was received from Miss Frances E. Katner, county superintendent of public instruction:

I find in visiting schools many of the outhouses in bad condition. The one for the use of the boys is, with few exceptions, in a very bad condition. I have given the matter serious attention, and it should be corrected, for the sake of morality as well as health. I report the facts to the teachers and school officers, but often it is neglected. I presume this is not in your sphere of work, but if you want the names of school officers and teachers I can furnish them. I fear Doniphan county is not

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an exception, although I hope it is. If I find other matters of interest to you and the public health, I shall report.

We replied that, the county being without an organized board of health, we could give but little assistance in the matter of which she complained, but that we would communicate with the county commissioners. This was afterwards done, using the complaint as a reason for the prompt organization of the county board of health. No response.

ELLIS COUNTY. Dr. H. B. KOHL, Hays City.

On the 13th of February we received a dispatch from the mayor of Hays City stating the contract had been let for the removal of the dead from the Fort Hays military reservation to Leavenworth, Kas., and requesting that we immediately enjoin the contractor, etc. The same information was received from other sources, from which it appeared the citizens of Hays City would strongly resist the proposed removal.

Replied to Mayor Snyder, of Hays City, that all the necessary authority was with the county board of health; that the case must be treated the same as other similar cases where disinterment of remains was proposed. Such remains as were not denied transportation, etc., under our rules might be removed, but bodies dead of cholera must not be disturbed. At the same time, after conference with the attorney general on the subject, we communicated specific instructions to the county health officer, and also addressed the chief quartermaster of the military department on the subject, as follows:

SIR: It having come to the knowledge of this Board that it is proposed to remove the dead from the Fort Hays military reservation to Fort Leavenworth, and that the contract for this service has already been awarded to one Stanton, of Leavenworth, Kas., I am directed to invite your attention to inclosed copy of rules of this Board on the subject, and to state that it is expected that the removal, if made, shall be conducted within and under said rules. Further, that the Board has instructed the local board of health at Hays City to insist upon a rigid compliance of these rules, even the part of arresting at once the first person violating or attempting to violate or disregard them.

We beg to advise you of the apprehensions felt by the citizens of Hays City of evil effects to public health from this removal, in which apprehensions this Board shares, and respectfully urges that the removal be postponed for the present. The transportation of the dead, always deserving of the wisest precautions, is at this time deserving of especial care, in view of the present threatening aspect of the cholera situation in Europe.

To which we received the following reply:

CHICAGO, ILL., February 25, 1893.

M. O'Brien, Secretary State Board of Health, Topeka, Kas.:

SIR — Referring to the protest of the State Board of Health of Kansas against the proposed removal by the United States of certain remains from cemetery on the Fort Hays military reservation, the quartermaster general of the army has instructed me to inform you that a contract has been entered into for the removal of the dead therefrom, but that the project for removing the remains will be abandoned unless said protest is withdrawn. Very respectfully,

J. D. BINGHAM, *Chief Quartermaster.*

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To which we replied that, while it was with much reluctance the Board interposed against the purposes of the government in this matter, it could not, under the circumstances, recede from its position. This is understood to dispose of the subject indefinitely.

ELK COUNTY. Dr. W. F. Flack, Longton.

I have been doing my best to get reports from all our physicians, but have failed to with some of them. From this on, they shall surely report, or take the consequences. It has been quite a task to get everything started right, etc.

JOHNSON COUNTY. Dr. C. G. McKinley, Olathe.

Writing of certain fatal cases of illness in his county, makes inquiry as follows:

The main point is, that both patients were attended by doctors residing in Missouri, who are not registered in this county. What would the law require of me?

Informed that the same obligation rested upon Missouri physicians as upon resident physicians. The law requires that physicians shall report their deaths to the local board of health where the same occur.

The following circular letter from the county board of health deserves commendation:

Olathe, Kas., October 10, 1892.

Dear Doctor: By virtue of your professional calling, you become the conservator of the public health, especially within the bounds of your own practice. The county commissioners, convened as the county board of health, would therefore most earnestly request you, at this time, when cholera is threatening an invasion into our own country, that you would urge the people with whom you come in contact to make a general cleaning up of all weeds and trash on their premises, burning the same; that barnyards and hogpens be thoroughly cleaned. Also, that cellars and privies be cleaned and disinfected, all drinking water inspected. The commissioners make the above requests knowing that people generally have more confidence in the counsel and advice of their family physician in regard to all matters of sanitation than in anyone else. If there is any public nuisance continued, after your request for removal in reasonable time, notify the county health officer, when legal steps will be taken to abate the same. Lastly, we beg of you to comply with the requirements of the law in promptly making returns of all births and deaths that may occur in your practice. By order of commissioners.

Very respectfully, C. G. McKinley, *Health Officer.*

JEFFERSON COUNTY. Dr. E. C. Rankin, McLouth.

A complaint received from W. K. Irwin, of Perry, to the effect that he had been quarantined for two weeks, because of scarlet fever in his family, whereas other affected families, although flagged and placarded, had not observed the restrictions, but have been permitted to go about as they pleased, etc.: thinks all should be treated alike.

Referred to Doctor Rankin, who reports as follows:

I went to Perry in order to investigate the quarantine matter in that scarlet fever case. From what I could gather from Irwin's wife and others, his grievance was, that he was quarantined to his financial detriment, while the heads of two families whose children were attacked later were allowed to go down town; and from her conversation his wife's inferred he would like to be remunerated for the time lost.

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But I learned that the city kept the family during the time they were isolated, and that no one would have employed him if he had been at liberty, as the people would not take the risk of having him around, so that his financial loss could not have been very great.

As to the other two families affected, the city authorities decided, after consulting the physicians, that, "as a matter of economy," they would not quarantine the men, but have them change their clothes before going out, and forbid them to loaf around the stores or public resorts, nor allow them to enter any private house, all of which has been complied with. This may be municipal economy, but does not help the families, as no one will employ the men. So far, the disease appears to be confined to the families named.

I think Doctor Burns tried to do his duty, and no blame should be attached to him. If Mr. Irwin had made himself known to me, I might have heard his version more fully.

Any further instructions you may give in the matter I will try to see faithfully carried out.

LABETTE COUNTY. Dr. E. TANNER, Mound Valley.

The following communication was received from Hon. Milo Hildreth, chairman of the board of county commissioners:

DEAR SIR: Our county is about to construct a sewer to carry off the excreta from the jail and courthouse privies, to be conveyed by sewer pipes into a draw within the limits of the city of Oswego. If you have any pamphlet on the subject, or can give any advice as to the best method of disposing of this excreta, I wish you would send it to me right away, as I am of the opinion that a sewer pipe in this case is not the best, although the county board have ordered sewer pipes to be laid for that purpose.

Replied that it would scarcely be the proper course to discharge the excreta from jail and courthouse anywhere within the city limits. If discharged into a draw or ravine, there would be no means for washing it out, except through the uncertain rains, meanwhile it would be unsightly and dangerous. It would be only a transference of the point of danger. Suggested the use of sewage on the fields; to consult Doctors Strother and Tanner and the city board of health, Oswego, Doctor Barbe, secretary.

PAWNEE COUNTY. Dr. J. M. CUMMINS, Larned.

I cannot help feeling that these reports (the annual returns) are misleading; they are only partial, especially the births. I have endeavored to secure reports from the physicians of the county, and so long as there is no way to compel them many will not report. I shall send a postal to every physician in the county, asking for death returns, etc.

Replied: Does he not think it is now about time to insist upon full reports? Must say to him in all kindness, his county is behind the procession. The fact is, we have largely outgrown the old style of things. Health officers all over the state vieing with each other in the matter of sending full reports; we feel very much encouraged with the character and fullness of reports, etc. Urged to take pattern from Hamilton county's health officer, who writes:

I did not like to appear officious during my first term of office, but I intend to enforce the law this coming year. [Whatever may be said as to the obligations of

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the physicians in the matter of reporting births—and it is not believed many will raise the question—the law is clear and unmistakable in the matter of reporting deaths.—SECY.] I attended the meeting of the county board of health yesterday, and it was determined to report all delinquents who have persistently disregarded the law. We are in hopes of having better reports hereafter.

RICE COUNTY.—Dr. W. W. SPIERS, Chase.

The following communication from Hon. C. F. Faley, county attorney, suggests an important point:

DEAR SIR: I desire to inquire of you something regarding the construction placed by the State Board of Health and its officers upon sections 6032 and 6034 of the General Statutes of 1889, regarding reports to be made by physicians of deaths occurring in their practice. Section 6032 provides for a local board of health for each county, and also continues in existence municipal boards of health, which are also designated local boards of health. Thus, I presume, the city of Topeka has its own board of health, besides the local board consisting of the county commissioners and the health officer appointed by them. Now, in case of a death occurring within a city having its own board of health, to whom should the report be made—to the city board of health, or to the county board and health officer?

Replied that, where cities by ordinance required the collection of vital statistics, the Board has not interfered, but in all other cases, whether boards of health were maintained or not, we did so. Very few boards of health, properly so called; mostly health committees of the council, improperly called boards of health.

The question whether a physician should report to the local board, which did not pretend to collect statistics, had never been raised to our knowledge. It is probable, from a reasonable construction of the law, that physicians within corporate limits are required to report their deaths to the municipal boards, where such are maintained. The law prescribes that such reports shall be made to the local board of health where the same occur.

SEDGWICK COUNTY. Dr. P. D. ST. JOHN, Wichita.

The county attorney stands ready to aid me in procuring reports. There is now some encouragement to work, as the people are helping some and are interested.

SUMNER COUNTY. Dr. W. M. MARTIN, Wellington.

The county board of health has only recently organized, but, owing to the able efforts of the health officer, the work is already well in hand. The following report of the organization of the board and subsequent circular to physicians are in such good form that they will serve as a guide for other counties:

WELLINGTON, May 1, 1893.

The Sumner county board of health is organized pursuant to and for the purpose of carrying out the provisions of the act of the legislature of the state of Kansas, approved March 7, 1885, creating state and local boards of health.

The president of the board of county commissioners shall be president of the county board of health, and he shall perform the ordinary duties of a presiding officer.

Stated meetings of the board of health shall be held on the first Mondays of January, April, July and October of each year, and at such other times as the board may

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designate at any meeting thereof. Special meetings of the board of health may be convened at any time, when needed for special duty, on the call of the secretary of the board. All meetings of the board of health shall be held in the official room of the county commissioners, unless otherwise ordered.

The health officer, who shall also be secretary and executive officer of the board of health, shall be elected annually, at the stated meeting on the first Monday in January.

It shall be the duty of the secretary to keep a record of the proceedings, conduct the correspondence, and to preserve all papers and things belonging to the board requiring preservation; to execute in Sumner county the provisions of the statute creating the state and local boards of health, the orders of the State Board of Health, and the regulations of the Sumner county board of health; to have supervision of the sanitary affairs of Sumner county, and to take such measures, without delay, as shall put and maintain the county in a good sanitary condition.

All rules of the State Board of Health in force pertaining to the Sumner county board of health are hereby adopted as a part of the organic law of this board.

W. M. MARTIN, M. D., *Secretary and Health Officer.*

TO PHYSICIANS.

It is the duty of all physicians, accoucheurs (midwives) and undertakers to make prompt reports to this office of all births, deaths, and all diseases dangerous to the public health, coming under their professional care. Furthermore, it is the duty of every physician and accoucheur (midwife) practicing in the county to register his or her name with the county clerk, stating age, residence, number of years in practice, school from which graduated, date of graduation, and school of practice. (The new registration books will be here by the 20th of May.) If you have no diploma, a certificate of qualification from a state or county medical society must be registered; or you must have already practiced ten (10) years; or you must have already practiced five (5) years, and you will be given two (2) years in which to qualify.

It is the desire of the county board of health to have the law pertaining thereto strictly complied with, especially that relating to the sanitary condition of the county.

With a little effort, the vital statistics of the county could be made a record of much value, and it is hoped all whose duty it is to make such reports will require no more incentive than their interest in the matter to comply fully with the requirements of the law.

All who have not the proper blanks for making such returns will be promptly supplied, upon notifying this office.

It is believed that the general sanitary conditions of the county are not as they should be, especially in the towns.

Europe is threatened with another outbreak of cholera this coming season, more severe than that of last year, and, with the large immigration and intermingling of people from all parts of the country at the World's Fair, no part of this country may feel perfectly secure from the dreaded scourge.

It is to the interest of the county that the local and municipal authorities make frequent reports to the county board of health respecting the sanitary conditions of their respective localities, and act with this board in obtaining and maintaining the best possible sanitary condition of the county.

At the meeting of the Sumner county board of health, held in Wellington, Kas., on May 1, 1893, the health officer of said board was directed by a unanimous vote thereof to comply with the instructions of the State Board of Health, viz.: To report at once to the county attorney, for prosecution, each and every physician or

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accoucheur (midwife) practicing in this county who fails to comply with the law of the state of Kansas as embodied in ¶ 2451 of the General Statutes of 1889; also, to report, after May 1, 1893, to the county attorney, for prosecution, each and every case of all delinquent physicians practicing in this county who fail to comply with the law of the state of Kansas as embodied in section 9 of chapter 129, Session Laws of 1885.

You see there is no alternative; we must comply with the law or suffer the penalty; you must do the same. Take warning, and govern yourselves accordingly.

By order of the board.

JAS. R. HEBERT, *President.*
W. MORGAN MARTIN, *Health Officer.*

SALINE COUNTY. Dr. J. W. JENNEY, Salina.

For long-continued and repeated failure to make report of the deaths occurring in his practice, the health officer, in last month, caused the arrest of Dr. W. A. Phillips, jr., of Salina. The Secretary of the Board was subpœnaed as a witness. The case was tried before a justice of the peace, and resulted in a dismissal, upon the ruling of the justice that the proof of the formal adoption by the Board of the rules as they appear in the pamphlet of rules was not shown with sufficient definiteness. The proceedings of the Board during the meeting at which the rules were adopted show the Secretary's report announcing the formulation and printing of the rules was adopted by the Board, but this was held to be inconclusive.

There was no doubt of the facts as stated in the complaint against Doctor Phillips and there really seemed no adequate reason for his discharge. However, I recommend that the rules be now formally acted upon by the Board, to avoid possible future annoyance of this kind.

INSPECTION OF STATE INSTITUTIONS.

The following institutions were inspected and reported upon by members of the Board about the close of the year, viz.: Soldiers' Orphans' Home, Penitentiary, Osawatomie Insane Asylum, Topeka Insane Asylum, Soldiers' Home, Mercy Hospital, Fort Scott, Asylum for Idiotic and Imbecile Youth, Deaf and Dumb Institution, St. Francis Hospital, Wichita. The reports of inspection will be found on pages 219–232, Eighth Annual Report.

Those matters requiring prompt attention, as disclosed by the reports of the inspectors, were communicated to the governor, as follows:

PENITENTIARY.

. . . The ventilation of the cells in the old cell house is not good. We are unable to suggest a remedy, other than their destruction and reconstruction upon correct principles. In the woman's department, many of the cells are unnecessarily dark and dismal, besides being much too narrow, and without means of ventilation when the doors are closed. . . . The sewage of the institution discharges into the Missouri river above the point from which the water supply is taken. The sewage from the Soldiers' Home, only a short distance above, is also discharged into this stream; so that the prison practically uses water separated from the sewage of the two institutions. The main channel of the river has changed since the construction of the waterworks, and is now not less than a mile from where it was then.

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The old channel has become filled up with sand and rubbish, till there is left but a shallow, sluggish stream, contaminated with filth. In order to measurably separate this filth from the water supply, a temporary and somewhat primitive dam has been constructed of brush and sand, just above the pipes that lead the water to the reservoir. This dam entangles the th[illegible]est of the filth, and allows the water supply to percolate through it.

INSANE ASYLUM — Topeka.

We are impressed with the fact that the water supply, while probably sufficient for domestic purposes, is entirely inadequate for protection against fire. With the present water supply and means of escape, a fire would almost necessarily result in total destruction of the buildings and loss of many lives.

SOLDIERS' HOME.

At present there are no indications that the water supply has been contaminated by the water-closets or ground pits, but with the present arrangement it is only a question of time. . . . In our opinion, waterworks and sewers should be constructed in the near future.

INSANE ASYLUM — Osawatomie.

I would most respectfully and earnestly make the following suggestions: Improve the ventilation in the old building, which is especially deficient in ward D, the hot-air register to be placed above the height of the patients, as the heat is now obstructed in its passage to the rooms. But the most important and immediate improvement needed is fire escapes, placed at the ends and centers of each ward. . . If a fire should occur, and any accident happen to the engines or water mains, there would be such a wholesale sacrifice of life as would bring disgrace upon the state. An addition should be built for hospital purposes.

ASYLUM FOR IDIOTIC AND IMBECILE YOUTH.

This institution is overfull. There is an urgent demand for the admission of at least 140 persons, who are denied for want of room. There should be in the near future an addition of more than double the present capacity; or another similar institution, with double the capacity, should be located at some other point in the state where there exist better facilities.

The Board deems the reports of the inspectors in all these cases worthy of speedy investigation and prompt action. This is especially the case with respect to the insane asylums and Penitentiary. The condition of the water supply of the latter is extremely dangerous to health, and as to the former, the morning press dispatches announcing the burning of an insane asylum in Massachusetts, with a loss of over 40 lives, sufficiently attests to the importance of the case.

The insane asylum was promptly visited by a subcommittee of the health committee of the senate, then in session, who found the facts as stated, and recommended the addition of fire escapes without delay. Appropriations were made accordingly, that for the improvement of the Penitentiary water supply being $5,000.

The following institutions have not yet been inspected, viz.: Reform School; Industrial School for Girls; Asylum for the Blind; Orphans' Home, Topeka; St. Vincent's Orphan Asylum and Kansas Orphans' Home, Leavenworth; St. Margaret's Hospital and Bethany Hospital, Kansas City; City Hospital, Wichita; and the Kansas State Protective Home Association, Law-

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rence. The last seven, and the Mercy Hospital, Fort Scott, and St. Francis Hospital, Wichita, are semipublic institutions, only partially supported by the state, but it is believed they should be held subject to official inspection by this Board, and that they should all be visited by members of the Board as soon as practicable.

MEDICAL LEGISLATION.

The following are the measures approved by the Board and presented to the legislature at its recent session, being introduced in the senate.

The report of the senate health committee in each case will show the action taken thereon, from which we infer all would have passed the senate, had there been sufficient time. However, only the one relating to the protection of the state from epidemic cholera and other infectious and contagious diseases, number — was considered in the committee of the whole, and it passed without objection or amendment (the amendment proposed by the health committee not being presented), except that the section providing for a special fund was stricken out, owing to the provision made in this respect by the committee on ways and means, as will appear under the title, "Support of the Board," following. This measure also passed the house and has since become a law.

Owing to lack of time and other circumstances known to those concerned, and scarcely necessary to relate herein, only the one measure was introduced in the house.

We desire to express our obligations to the gentlemen of the senate health and ways and means committees for the considerate treatment received at their hands.

Both committees accorded your Secretary a patient hearing while he represented the needs of the health service.

The health committee, under the leadership of that able physician and legislator, Doctor Metcalf, appeared especially disposed to favor the views of the Board.

We would respectfully submit the measures unacted upon to the enlightened judgment of the physicians of the state and others interested in public-health work, in the hope that we may have their active and earnest support before the next legislature:

AN ACT

To provide for the registration of medical practitioners, and prescribing penalties for the violation thereof.

Be it enacted by the Legislature of the State of Kansas:

SECTION 1. Any person desiring to engage in the practice of medicine, in any of its departments, within this state, shall, before engaging therein, register with the county clerk of the county in which he desires to practice, in his own handwriting, in a book to be provided by the county, his name, age, nativity, post-office address, school of practice, date of graduating in medicine, number of full courses of medical instruction received or attended, and the name and location of the medical col-

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lege from which graduated; or, in case of a nongraduate, or person practicing or seeking to practice under a certificate of qualification from a state or county medical society, then, in lieu of the date of graduation, etc., he shall state the number of years and wherein he has been continuously engaged in practice, or the date and source of such certificate of qualification. He shall be entitled to receive from said clerk, upon the payment to him of $1, a certificate of registration, which certificate shall be exhibited, upon demand, to any officer or agent of the law, or any county or municipal health officer, or board of health; and in case of removal of owner to another county or extension of his practice beyond county of registration, shall be submitted for record to the county clerk of such county or counties before the person engages in practice therein: *Provided*, That nothing herein shall be construed to apply to medical officers of the United States army, navy or marine hospital service in the discharge of their official duties; nor to physicians called in consultation from within or without the state with resident physicians who have complied herewith; nor to students under the supervision of a registered preceptor; nor to the practice of dentistry.

SEC. 2. It shall be the duty of the county clerk to receive the registration of medical practitioners as above provided in a book to be known as the physicians' register, and, upon payment to him of $1, to be covered into the general county fund, to make out, sign, and deliver, under his official seal, upon blank forms to be provided by the county, to each and every person so registering, a certificate of registration, which shall be a correct transcript from the physicians' register of all the statements made therein, as above prescribed: *Provided*, That certificates of registration submitted for record under the provisions of the preceding section shall be recorded in the physicians' register the same as original registrations, and the fact of record duly indorsed thereon, without charge: *And provided further*, That the physicians' register shall be open for inspection the same as other county records.

SEC. 3. Any person filing or attempting to file as his own the diploma or certificate of another; or who shall make, or cause to be made, a false entry upon the physicians' register of any material fact required to be stated by section 1 of this act; or who shall, before complying with the provisions of said section, engage in the practice of medicine, in any of its departments, or perform or attempt to perform any surgical operation upon any person within the limits of this state; or who, by writing or printing, public address, lecture, or in any other manner, in the public street or elsewhere, shall profess to cure, or shall treat or attempt to treat or prescribe for any disease, injury, complaint, deformity or disability of another, of whatsoever nature, by the use of any drug, nostrum, ointment, preparation, manipulation, or other expedient, mental, medical, or mechanical, of whatsoever kind; or who shall advertise or sell, or attempt to sell, dispense or dispose to another, for a valuable consideration, of any such drug, nostrum, ointment, or other preparation or device, in the public street or elsewhere; or who, being duly registered, shall refuse to exhibit his certificate of registration as required by section 1 of this act; or who shall, in any other manner, violate the provisions of this act, shall be deemed a practitioner of medicine for the purposes of this act, and for all other purposes under existing laws, and be guilty of a misdemeanor, and, upon conviction thereof, shall be fined in the sum of not less than $50 nor more than $100 for each such offense, and shall be committed to the county jail until the same be paid, besides being debarred from suing for or recovering compensation or fee for such services rendered, or such remedies sold or prescribed: *Provided*, That nothing herein shall be construed to prohibit gratuitous service in case of emergency, nor the domestic administration of ordinary household remedies to meet temporary ailments, nor the dispensing or

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sale of drugs or medicines by registered pharmacists as is at present provided by law.

SEC. 4. All prosecution under this act shall be conducted by the county attorney for the county in which the offense shall have been committed, in the court having jurisdiction, upon the relation of the county or municipal health officer or board of health, or any officer or agent of the law; and all amounts recovered under the penalties of this act shall be paid into the county treasury, to be appropriated to a special fund for carrying out the purposes of this act, and for expenditure in the interests of the protection and preservation of the public health.

SEC. 5. This act shall take effect and be in force from and after its publication in the statutes.

MR. PRESIDENT: Your committee on public health, to whom was referred senate bill No. 238, An act prescribing for the registration of medical practitioners, and providing penalties for violation thereof, have had the same under consideration, and instruct me to report the bill back to the senate with the recommendation that it be passed as amended. E. T. METCALF, *Chairman.*

AN ACT

To amend and reënact paragraph 2456, General Statutes 1889.

Be it enacted by the Legislature of the State of Kansas:

SECTION 1. That paragraph 2456, General Statutes 1889, be amended and reënacted to read as follows: Paragraph 2456. If any person or persons shall put any part of the carcass of any dead animal into any river, creek, pond, road, street, alley, lane, lot, field, meadow, or common, or if the owner or owners, agent or person in charge thereof, shall permit the same to remain in any of the aforesaid places, to the injury of the health or to the annoyance of the citizens of this state or any of them, every person so offending shall, on conviction thereof before any justice of the peace of the county, be fined in a sum not less than $1 nor more than $25; and every 24 hours during which said owner or owners, agent or person in charge thereof, may permit the same to remain thereafter shall be deemed an additional offense against the provisions of this act.

SEC. 2. That paragraph 2456, General Statutes 1889, be and is hereby repealed.

SEC. 3. That this act shall take effect and be in force from and after its publication in the statutes.

MR. PRESIDENT: Your committee on public health, to whom was referred senate bill No. 237, An act to amend and reënact paragraph 2456, General Statutes of 1889, have had the same under consideration, and instruct me to report the bill back to the senate with the recommendation that it be passed as amended. E. T. METCALF, *Chairman.*

AN ACT

For the preservation of the public health against epidemic cholera and other infectious and contagious diseases.

Be it enacted by the Legislature of the State of Kansas:

SECTION 1. Whenever any part of this state appears to be threatened with Asiatic cholera or other infectious or contagious disease, from any adjoining state or territory, the State Board of Health shall have the power and it shall be their duty to establish and maintain quarantine stations at the limits of the state, at such points as may be deemed necessary, and to enforce thereat such rules and regulations as may be adopted and published by the said Board for the purpose of preventing or obstructing the introduction or spread of such disease, by the inspection of all persons, places, and things, and the exclusion of all infected or suspected persons and goods, and the purification of all infected places and things. They may declare any or all of the rules so made to be in force within the whole, or any part or parts, of the district of any local or municipal board of health, and to apply to any railroad train, passenger coach, or public vehicle or conveyance of whatsoever kind, for the

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period named in such order, and may, by subsequent order, abridge or extend such period. And any person or corporation owning, occupying or controlling any house, building, dwelling, premises, or places, of whatsoever kind, or any railroad train, passenger coach, or other public vehicle or conveyance, who shall violate or refuse to obey any of the rules, regulations or orders of the said Board, when duly made and published, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined in the sum of not more than $500 for each offense, or be confined in the county jail for a period of 30 days, or both such fine and imprisonment, in the discretion of the court: *Provided*, That the State Board of Health may cause the said rule, regulation or order thus violated or disobeyed to be fully carried out, and may recover the expense incurred thereby, and the said fine and costs of prosecution, in a civil action before any justice of the peace or court having jurisdiction in like cases.

SEC. 2. There is hereby appropriated and set apart as a permanent fund, to be known as the contagious-disease fund, and to be continuously maintained by appropriations from time to time and by fines collected under this act, the sum of $25,000, to defray the necessary expenses of the State Board of Health incurred under this act: *Provided*, That no part of this sum shall be used except for the purposes named herein, and then only in cases of urgent necessity; and that the warrant or warrants for the payment of expenses incurred as herein provided shall be drawn only upon the certificate of the President and Secretary of the State Board of Health, recommended by the judge of the district court whose territory is threatened or affected, and approved by the governor of the state.

SEC. 3. This act shall take effect and be in force from and after its passage.

MR. PRESIDENT: Your committee on public health, to whom was referred senate bill No. 140, An act for the preservation of the public health against epidemic cholera and other infectious and contagious diseases, have had the same under consideration, and instruct me to report the bill back to the senate with the recommendation that it be passed as amended. E. T. METCALF, *Chairman*.

AN ACT

For the preservation of the public health and the registration of vital statistics.

Be it enacted by the Legislature of the State of Kansas:

SECTION 1. The State Board of Health, being by law charged with the supervision of the health interests of the state, is hereby also charged with the supervision of the collection and tabulation of the vital and mortuary statistics thereof. To these ends the said Board is hereby empowered, and it is hereby made its duty, to make, adopt, and publish, and from time to time alter, amend or revoke such rules, regulations and special orders as in their judgment shall be necessary and requisite in the administration of the health service of the state, and in the fulfillment of the purposes of existing law and of this act; the scope of such rules, regulations and special orders being more particularly outlined in section 2 of this act, prescribing the duties of local boards of health. The said rules shall be transmitted to the several local boards of health, as made, by whom they shall be adopted as their rule of procedure in all cases arising thereunder, and when duly published for four consecutive weeks in the official paper of the county, the same shall be deemed a sufficient notice thereof to all concerned. And any local board of health, or member or health officer of such board, or any other person, who shall willfully fail or refuse to obey such rules, regulations, or special orders, or shall willfully fail or neglect to perform any of the duties prescribed by this act, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined in the sum of not less than $25 nor more than $100 for each such offense, and be confined in the county jail of the county wherein such offense is committed for a period of 10 days, or both such fine

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and requirements of the direction of the court: *Provided*, That the State Board of Health shall cooperate with all local boards of health in making scientific and practical investigations into the cause or causes of any existing disease, or in devising the most efficient means for its restriction or suppression, or for the extinction of any threatened disease; and the State Board of Health is hereby empowered and directed to call upon the chemists of the State Agricultural College and State University to perform, free of charge or expense to said Board, such chemical analyses and investigations as may be necessary in the execution of this provision.

The local boards of health shall meet for the transaction of business at such place or places within their jurisdictions as they may elect, in the months of June and November of each year, and oftener if the necessities of the health of their jurisdictions may demand; and shall hold special meetings upon request of the State Board of Health or the President and Secretary thereof, and shall keep an accurate record of all their proceedings and official acts. They shall act in conjunction with the State Board of Health in all matters affecting the health interests of their respective jurisdictions, enforcing the rules, regulations and orders of the said Board, and superintending their execution. In addition to publishing said rules, regulations and orders within their respective jurisdictions, they shall make, adopt and publish such additional special regulations, subject to the approval of the State Board of Health, as may be necessary to render this act effective. They shall require their health officers to make a thorough sanitary inspection of all cities, towns, villages and rural districts within their jurisdictions, at least once in every 12 months and at all times to keep them informed as to the conditions of the public health. When informed of the existence of a case of sickness or death from infectious or contagious disease, or of a nuisance dangerous to life and health, they shall require their health officers to immediately examine into the facts, and take such measures as may be necessary for the fulfillment of the purposes of this act. They shall require their health officers to report promptly to the State Board of Health all outbreaks of contagious and infectious disease, with the measures taken for their suppression; and on or before the 15th day of each January, April, July, and October and oftener if necessary, to report to said Board upon the state of the public health, sanitary condition, and such other facts and information as may be required by the said Board, and during the prevalence of infectious or contagious disease to report weekly thereon. They shall also require their health officers to prepare and transmit to the State Board of Health, not later than January 15 of each year, a full and complete report of the births, deaths, contagious diseases, and marriages, and of the physicians registered during the year, upon blank forms to be provided by the State Board, and to institute legal proceedings against physicians and others who may become delinquent in reporting, as prescribed herein, and generally to report upon the operations of the health service within their jurisdictions, including a history of any epidemic disease which may have prevailed therein. Among other measures, such rules and regulations shall provide for the supervision of the registration of physicians and the collection and registration of the vital and mortuary statistics; prescribe the duties of the health officer, where not already prescribed by this act or existing law; guard against the introduction and spread of contagious or infectious disease, by the exercise of proper and vigilant medical inspection and control of all persons and things within the limits of their jurisdictions from infected places, or which, for any cause, are liable to communicate contagion, or by a house to house visitation in extreme cases; give public notice of infected places, by displaying flags or by posting placards on the entrances of the premises, and in severe cases by publication in the nearest newspaper; require the isolation of persons and the destruction or thorough disinfection of things that are infected with or have

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been exposed to contagious or infectious diseases, and provide suitable places for the reception and accommodation of the same; enforce vaccination within their jurisdictions, and furnish gratuitous vaccination, medical treatment and care for persons who cannot otherwise be provided for; require prompt reports from physicians and others of all deaths and cases of sickness from contagious or infectious diseases within their practice or supervision; direct the closure of schools, churches and other public places of assembly during the prevalence in an epidemic form of such disease; provide for the speedy interment of the dead, and prohibit public funerals, and otherwise prescribe due precautions in cases of death from such disease; prevent the interment or disinterment of the dead, except upon the certificate of a physician or coroner showing the cause thereof; enforce the rules governing the transportation of the dead; prohibit and prevent all intercourse and communication with or use of infected premises, places, and things, and, if necessary, provide the means for the thorough cleansing and disinfection of the same before general intercourse therewith or use thereof shall be allowed; examine into the ventilation and means of escape in case of fire or other accident from theaters, halls, and public assembly rooms; inquire into, take cognizance of, and, as far as possible, prevent the adulteration or sale of unsound food, products, and drugs, and the contamination of the running streams and of water, ice and milk supplies; regulate the construction, emptying and cleansing of all water-closets, cesspools, and privy vaults; visit and inspect, at least once in each year, all schools, jails, prisons, asylums and hospitals within their jurisdictions, and advise the officers in charge thereof as to ventilation and all other matters respecting the health of the pupils or inmates; inquire into excessive mortality from any cause; examine and take cognizance of complaints made to them concerning nuisances dangerous to life and health; enter upon, examine and inspect any place or premises, railway coach, train or other public conveyance where such nuisance is known or believed to exist; and all owners, agents, occupants and persons in control of such premises and of all means of public conveyance shall permit such sanitary inspection; and the said local boards of health shall have the power and it shall be their duty to order the suppression, removal and abatement of all nuisances and conditions detrimental to life and health within their jurisdictions, and to direct any prosecution or legal proceeding for or in respect of the willful disregard or neglect of any rule, regulation or order of the State Board of Health, or of said local boards, made and intended for the purposes herein enumerated. And any person who shall violate or refuse to obey any such rule, regulation, or special order, or who shall do or refuse to do or neglect any of the acts which local boards of health are required by this act to prohibit or compel, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined in the sum of not less than $10 nor more than $100 for each such offense, and for each day he shall have thus knowingly violated the said rule, regulation, or special order, or be confined in the county jail in the county in which said offense was committed for the period of not more than 30 days, or both such fine and imprisonment, at the discretion of the court; and the said local board of health shall cause the said rule, regulation or special order thus violated or disobeyed to be carried out, and may recover the expense incurred thereby, and the said fine and costs of prosecution, in a civil action before any justice of the peace or court having jurisdiction in like cases: *Provided*, That boards of county commissioners acting as local boards of health for their respective counties shall be paid out of the county treasury their actual expenses during the time they shall be engaged in the execution of the provisions of this act: *And provided further*, That all county or local boards of health, as at present constituted by law, which have not yet organized or are not acting as boards of health, shall be required, under the penalties of this section, to meet, organize and act as boards of

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health for their respective counties at the next following meeting as boards of county commissioners, and enter at once upon the discharge of their duties as local boards of health, as prescribed herein, and thereafter to preserve and maintain continuously their organization as such boards.

SEC. 3. All incorporated cities and towns in this state shall have the power to pass sanitary laws and to create boards of health, and to suppress as nuisances anything that is dangerous to the public health, together with full powers of enforcing ordinances for the registration of mortuary and other vital statistics: *Provided*, The same are not inconsistent with the rules and regulations of the State Board of Health or the laws of the state: *Provided, also*, That in so far as the boards of health, sanitary laws or ordinances of any city or town may duly provide for the purposes enumerated in this act, such cities and towns shall be relieved by so much from the supervision of local boards of health under this act, and from the operation of their rules and regulations; but in so far and by so much as the purposes of this act are not thus adequately provided for, the jurisdiction of local boards of health under this act shall extend and cover, and their rules and regulations, duly published, have full force and effect. All boards of health and health committees already established, or which may be established under the provisions of this act, shall be required to report through their secretary or health officer to the State Board of Health at the time and manner prescribed for health officers of local boards of health under this act.

SEC. 4. It shall be the duty of all physicians practicing medicine, in any of its departments, within this state, and of all coroners, undertakers, and sextons, to keep a record of the births and deaths upon which they have attended or to which have come under their supervision, and to report the same within 30 days after their occurrence to the local board of health where the same occur, together with such correlative information respecting the same as may be required by the State Board of Health, upon the blank forms to be furnished under existing law: *Provided*, That, in case of a death from any infectious or contagious disease, or the occurrence of any case of sickness from such disease, or excessive mortality from any cause, the physician in attendance thereon shall at once put in effect the rules and regulations of the Board in such cases, and shall report to the local board of health where the same occur within 24 hours of the occurrence of same; and in cases of sickness from such disease thereafter, as often as may be required by said board; and where any birth or death or case of sickness or death from contagious disease occurs, no physician being in attendance, the same shall be reported, as herein provided, by the parent, or if none, by the nearest of kin present, not a minor, or if none, by the resident householder where such birth or death or case of sickness or death from infectious or contagious disease occurs: *Provided further*, That no burial of a dead human body shall be permitted to take place except there be exhibited to the undertaker, sexton, or other person in charge of said burial, a certificate from a physician in good standing, or a coroner, showing clearly the cause of death in such case; the said certificate to be forwarded by the undertaker, sexton or person in charge of said burial to the local board of health where the same occurs within 30 days thereafter; and any physician, coroner, undertaker, sexton, householder or proprietor of hotel or boarding house who shall refuse to obey or neglect the provisions of this section, or any physician or coroner who shall refuse to furnish the certificate of death herein prescribed, or any physician or other person who shall knowingly attempt to secrete or withhold the true character of any infectious or contagious disease, or shall in any manner whatsoever attempt to deceive or defraud, or make any false statement in making a certificate of a cause of death by giving other than the true cause of death, or, if the decedent was affected with any such infectious or contagious disease

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during his last illness, shall neglect or refuse to state such fact in such certificate, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined in the sum of not less than $25 for each such offense, or be confined in the county jail for a period of 10 days, or both, in the discretion of the court: *Provided*, That, where death occurs without the attendance of a physician, there shall be accepted, in lieu of the certificate required by this section, the affidavit of two credible witnesses, taken before the nearest justice of the peace.

SEC. 5. It shall be the duty of assessors of personal property in the several townships and wards of cities throughout the state, annually to collect such information as to births, deaths, and marriages, which have occurred during the previous year, as may be required by the State Board of Health, upon the blanks to be provided for the purpose, and to report the same to the local board of health where the same occur, or to the State Board of Health, where there is no such local board, within 30 days after the completion of their assessments; and any assessor who shall neglect or refuse to collect such information, or to transmit the same as herein provided, or any householder or head of a family who shall withhold, conceal from or refuse to give to said assessors the information required by this section, or who shall knowingly misinform said assessor upon any material fact, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined in the sum of not less than $25 for each offense, or be confined in the county jail for the period of 10 days, or both, at discretion of the court.

SEC. 6. It shall be the duty of all probate judges, justices of the peace, clergymen, ministers of the gospel, and all other persons authorized by law to perform or solemnize the marriage ceremony, to keep a record of all marriages performed or solemnized by them, and to report the same within 30 days thereafter to the local board of health where the same occur, together with such correlative information respecting the same as may be required, upon the blank forms prescribed and furnished by the State Board of Health; and any such person who shall violate the provisions of this section shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined in the sum of not less than $10 nor nore than $25 for each such offense.

SEC. 7. All expenses incurred by any local board of health in executing the provisions of this act shall be paid by orders on the county treasurer, payable, in the first instance, out of the special fund herein provided for, if sufficient; if not, then out of the general fund of the county. The proper authorities shall certify the amount required to reimburse the said general fund to the county auditor at the time of certifying other taxes, and such auditor shall extend on the tax list of the county a tax sufficient to pay the amount so certified, which tax shall be collected the same as other taxes.

SEC. 8. All prosecutions under this act shall be conducted by the county attorney for the county in which the offense is committed, upon the relation of the state or local board of health, through their secretary or health officer, respectively; and any person who shall willfully violate any of the provisions of this act, or of any rules or regulations duly made and published by the state or local board of health herein mentioned, or who shall do, refuse, or neglect to do, any of the acts which the state or local boards of health are required by this act to prohibit or compel, a penalty for which is not herein specifically provided for, shall be deemed guilty of a misdemeanor. and, upon conviction thereof, shall be fined in the sum of not exceeding $100, or imprisonment not to exceed 30 days, or both such fine and imprisonment, in the discretion of the court. And all amounts recovered under any and all of the penalties of this act shall be paid into the county treasury, to be appropriated to a special fund for carrying out the objects and purposes of this act.

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SEC. 9. This act shall take effect and be in force from and after its passage; and all acts and parts of acts inconsistent with this act are hereby repealed.

MR. PRESIDENT: Your committee on public health, to whom was referred senate bill No. —, substitute for senate bill No. 120, entitled "An act for the preservation of the public health and registration of vital statistics," have had the same under consideration, and instruct me to report the bill back to the senate with the recommendation that it be passed. E. T. METCALF, *Chairman*.

SUPPORT OF THE BOARD.

The legislature made the following appropriation for the support of the Board: For salaries and expenses for the fiscal year ending June 30, 1894: Secretary, $2,000; special sanitary work, $500; expenses State Board, and to carry out provisions of chapter 129, Session Laws 1885, $1,000; and a similar appropriation for the fiscal year ending June 30, 1895. In addition, there was appropriated the sum of $10,000, to be used as a special fund for repelling a cholera invasion, under the following provisions, viz.:

In case of an invasion of cholera into this state, or in case of threatened invasion of that disease, the Secretary of the State Board of Health shall make an estimate of amount needed for the purpose of being expended for the investigation and arrest of the disease, minutely stating the purpose for which the money is to be expended. Such estimate and statement shall be submitted to the executive council of the state at any regular or special meeting thereof, and, if approved by said executive council, the auditor of state shall issue his warrants upon the treasurer of state for the amount estimated, and the treasurer shall pay warrants out of the contingent fund herein appropriated. But such money shall be expended for no other purpose than that which is designated in the estimate upon which the auditor draws his warrants. For the purpose of carrying out this provision, there is hereby appropriated, for the fiscal year ending June 30, 1894, the sum of $10,000, or so much thereof as may be necessary; for the fiscal year ending June 30, 1895, any unexpended portion of the appropriation of 1894, or so much thereof as may be necessary.

The appropriation is entirely inadequate for a thorough performance of the legitimate and proper duties of a State Board of Health. We are unable to render any practical assistance to county boards or localities desiring water or food analyses, or to make the necessary sanitary inspections or investigations.

The duties of the office are sufficient to engage the constant attention of the Secretary, besides requiring extra labor a considerable portion of the time. It is not right that extra labor should be paid out of his salary.

The volume of official correspondence has steadily increased. In the last quarter there were received more than 300 communications, mostly requiring replies, while more than 600 communications were addressed to health officers and others, exclusive of the distribution of supplies and the reports and publications of the Board.

There should be provided a competent clerk to perform the ordinary routine duties of the office, thereby leaving the Secretary at liberty to confer with health officers at intervals, make such sanitary inspections and investi-

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gations as may be required, and generally to engage in more advanced work, so that the needs of the service may be properly fulfilled.

The members of the Board should be charged with the sanitary supervision of their respective localities, and provision made to at least pay their expenses while necessarily engaged in the work.

So long as we have a Board of Health, it should be supported so that it may be effective. It is not enough merely to meet as a Board of Health at intervals of three months, to take perfunctory action upon what health officers are pleased to communicate.

The position of the Board is not made sufficiently prominent to command due attention. It is not sufficiently aggressive. It should direct public opinion in all that concerns the health interests of the people, not merely take account of it, and it can never succeed in doing this under the present system.

The law creating the Board provided for an annual appropriation not to exceed $5,000 for all purposes, and this amount was at first appropriated. Then it was reduced to $4,500, and speedily thereafter to $3,500, above which it has been impossible to raise it for several years.

The following table is published in this connection:

APPROPRIATIONS FOR THE SUPPORT OF STATE BOARDS OF HEALTH.

STATE.	*Annual appropriation.*	*Salary of secretary.*	*Number of employés.*	*Remarks.*
Alabama	$9,000	$1,800	1 clerk.	$3,000 for expenses of board; $1,000 for printing; $5,000 for quarantine.
California	4,000	2,500	None.	
Connecticut	5,000	1,800	None.	
Delaware	1,000	*	None.	
Florida	21,000	3,000	Not stated.	
Illinois	9,000	3,000	1 chief clerk, 2 clerks, and 1 stenographer.	
Indiana	5,000	1,200	3	$1,000, $600, and $600.
Iowa	5,000	1,200	1 assistant secretary.	
Kansas	3,500	2,500	None.	$10,000 appropriated for cholera prevention for the years 1893–'94.
Kentucky	2,500	1,200	None.	An unlimited appropriation for local boards in suppressing epidemics.
Louisiana	70,000	2,000	.....	Very large number of employés, chiefly engaged in quarantine duties.
Maine	5,000	2,000	2 clerks.	$8 and $6 per week, respectively.
Maryland	18,600	1,800	1 chemist and 2 inspectors.	$1,200 for expenses of board; $2,400 for expenses of food and drink department; $1,000 for expenses of epidemic fund.
Massachusetts	49,300	3,000	25	
Minnesota	5,000	2,500	6	Vital statistics fund, $1,000; infectious disease of cattle fund, $3,000; in addition to this, $5,000.
Michigan	6,000	2,500	11	10 employés at $1,000, 1 employé at $720.
New Hampshire	3,500	2,500	2	Stenographer, $600; clerk, $500.
New Jersey	6,000	2,500	Variable.	Secretary not paid out of this. Appropriation of $10,000 for dairy, food and drug fund.
New York	25,000	3,500	9	$5,000 for food and drug examination.
North Carolina	2,000	1,200	None.	An emergency fund of $2,000.
Ohio	6,000	1,600	2	Stenographer, etc., $800; clerk, etc., $360.
Oklahoma	800	500	None.	
Pennsylvania	6,000	2,000	1 clerk.	

* None fixed.

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APPROPRIATIONS FOR THE SUPPORT OF STATE BOARDS OF HEALTH—CONCLUDED.

STATE.	Annual appropriation.	Salary of secretary.	Number of employés.	Remarks.
Rhode Island	$3,000	1,700	1 clerk.	Salary of $500 as registrar, and also some fees.
South Carolina...	1,500	500	None.	Additional appropriations for quarantine purposes.
Tennessee	$3,000	1,000	1 clerk.	
Vermont.....	1,500	200	None.	
Wisconsin.....	$5,200	2,500	1 clerk.	$600.
West Virginia....	1,500	800	None.	
Prov. of Quebec..	6,000	†	2	1 inspector, salary last year, $1,000; 1 messenger, salary last year, $365.
Prov. of Ontario.	$8,350	2,000	5	

†No tated.

The states of Arkansas, Colorado, Georgia, Mississippi, Missouri, Nebraska, Nevada, North and South Dakota, Oregon, Texas, Virginia, and Washington, and the territories of Arizona, Idaho, Montana, New Mexico, Utah, and Wyoming, and the District of Columbia, are not included in the list, the data in respect to them not being readily obtainable, but it is known that many of them maintain health boards and support them liberally.

THE STATE OF THE PUBLIC HEALTH.

The health of the state in general is good. No excessive mortality from any cause. Scarlet fever has appeared at several points in the state, but the mortality from that cause has been very slight. The principal places affected were Augusta, Butler county; Concordia, Cloud county; Stippville, Cherokee county; Hays City, Ellis county; Perry, Jefferson county; Edgerton, Johnson county; Bushong, Lyon county; Parsons, Labette county; Lincoln, Lincoln county; Burns, Marion county; Larned, Pawnee county; Sterling, Rice county; Bala, Riley county; Russell, Russell county; Wellington, Sumner county; Wichita, Sedgwick county; Liberal, Seward county; and Leoti, Wichita county.

CLOUD COUNTY.

A communication was received from N. W. Thomas, of Concordia, stating that scarlet fever was quite prevalent in that city, and complaining of the lack of attention given to notification, isolation, etc. Referred to Doctor McCasey, health officer, who reported:

One death from scarlet fever in Concordia. I took Mr. Thomas in my buggy and drove one forenoon, but could find no scarlet fever.

ELLIS COUNTY.

The following report of the health officer, Doctor Kohl, to the county board of health gives the result of his recent inspection of that county:

HAYS CITY, February 28, 1893.

The Honorable Board of Health of Ellis County:

GENTLEMEN—In compliance with your instructions of February 14, 1893, I made a careful house to house inspection, including the schools at Herzog, where about

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250 children were attending. A searching examination disclosed no scarlet fever or other contagious or infectious diseases. Four deaths had occurred in January and one in this month to date. The village is in fair sanitary condition. I also visited Victoria and am pleased to report that much interest is taken in cleaning up.

On February 16, I visited the village of Pfeifer and found it exceptionally clean. Only one death had occurred since November 4, last. The children of the school looked clean and healthy and the teachers informed me that none had been absent on account of sickness during the past two months.

The same day I visited the town of Shoeingen, where I found three cases of scar let fever, and two deaths had occurred from that disease. No physicians had been employed. I at once ordered the cases isolated. The school was found to be a source of danger, as there had been a child from one of the affected families attending, and I ordered it closed. I also ordered new privy vaults to be dug for the school, as the old were the most filthy, pest-creating ones I have ever found. Disinfectants were ordered. Otherwise the village was in a fair condition and no more cases have occurred since that day.

February 17, I made a like examination in the village of Obermanjoe. No disease of any kind was found. The sanitary condition was fair. I made some recommendations as to disinfection.

February 27, in company with the marshal, I made a like searching examination of the city of Ellis. There was no disease. The city is in good condition. Some of the yards were filthy, and I ordered them put in good condition. I also ordered the marshal to warn all persons not to throw manure in the alleys. I learn that these orders have been complied with.

Catharinestadt is in fair condition, with the exception that the people will throw their manure in the north fork of Big creek. I am afraid this will do harm, as it is dangerous, and I have pleaded with them to discontinue the practice.

Gentlemen, everything has been done to better the sanitary conditions in Ellis county on my part, and every care will be taken in the future to fight contagious or infectious diseases.

A recent communication from Doctor Kohl informs us that scarlet fever is at an end, and that the people are cleaning up their premises, each vieing with the other to have the cleanest house and surroundings.

LYON COUNTY.

The following communication, received from Dr. E. Kirkpatrick, of Bushong, under date of January 18, 1893:

We are having some trouble in our neighborhood on account of a disease called by some measles and by others various other names. The disease is so mild that it has not been necessary to call in a physician, and needed no medical treatment.

I am acting in the capacity of both physician and member of the school board, and, for the prevention of the spread, I called upon one case and found it to be a case of genuine measles. Several other families had had them, some with a few eruptions and some with none. Those without eruptions protest being suspended from school.

What shall I do? There are none sick in some of the families mentioned above just now, but I have required of them to fumigate, disinfect, and keep their children home 8 or 10 days, and if no new cases appeared at the end of that time they could send them to school again. Was that right?

Give full instructions. I aim to be impartial, but nothing can be done but what it will bear heavily on some, and they are apt to charge us with partiality.

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Referred to Dr. T. C. Biddle, county health officer, with the request that he open communication with Doctor Kirkpatrick, and visit the locality, should it appear necessary. The doctor replied, in due time, that he had given the case the desired attention.

LINCOLN COUNTY.

Dr. H. M. Hall, county health officer, Lincoln, states that much confusion has been caused by certain physicians there calling the mild cases of scarlet fever scarlatina, and pronouncing it noncommunicable, and advising the affected families they need take no precautions. The name scarlet fever they reserve for the severer cases, and insist upon scarlatina and scarlet fever being separate and distinct affections. In Butler county, these mild cases have been pronounced German measles.

MARION COUNTY.

Complaint received from Thomas Hauser, of Burns, a member of the school board in district No. 50, that scarlet fever was prevailing in school district No. 51. Referred to Doctor Loose, who reported as follows:

The scarlet-fever cases have been quarantined, and directions given for disinfection; also, a copy of the scarlet-fever pamphlet given to each school director in that neighborhood. No new cases reported, and no deaths have occurred.

SEWARD COUNTY.

The following complaint was received from Mrs. S. W. Stauffer, of Liberal:

As you are no doubt aware, we have had scarlet fever in our town for the last two months. There have been, in all, 25 or 30 cases. Whole families in some instances have it, as it has not been confined to children, but a number of grown people have had it. There have been no restrictions placed upon those who have had it, or upon other members of the family. Persons have it one week, and are upon the streets, at church and other public places the next.

Now, I have a family of four children, ranging in age from 2 to 10 years, and I do not want them to have the disease if it can be avoided. We live one-fourth mile from anyone, and I have used disinfectants about the house and have kept the children away from the disease as much as possible; but I can hardly do that for a year or more. What shall I do to avoid the disease, more than I have already done?

Referred to Dr. Smith, who reported as follows:

Scarlet fever made its appearance about the 15th of October of last year, and, owing to the mild character of the disease, no physician was called, and it was not detected until about the 10th of November, when there developed several well-marked cases. The disease continued to grow in severity until about the 15th of January, after which it began to assume the mild form taken at the beginning of the outbreak, disappearing the last of March. A large per cent. of the cases developing during November, December and January were well-marked cases of scarlatina anginous, from which there was one death February 18. Several of the milder cases were followed by acute nephritis, accompanied by suppression of the urine, two cases resulting in death from uremic poisoning — one January 1, the other February 18. The epidemic was very mild. About 75 cases came to my notice, with but three deaths, as above stated.

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INFECTIOUS AND CONTAGIOUS DISEASES.—INTERSTATE NOTIFICATION.

We have received notification of the existence of smallpox at Burlington, Iowa, Reading, Leesport, and Philadelphia, Pa., and near Mansfield and Medina, Ohio.

The total number of cases in Reading to May 25 was 97, in 50 houses, with no deaths. The preventive measures employed were isolation, quarantine, vaccination, and disinfection.

From Montreal, Canada, we have received notice, under date of May 30, of the detention of the steamship "Oregon" at Grosse Isle quarantine, on account of a serious outbreak of diphtheria. Also, that an immigrant suffering from typhus fever had reached that city April 3, after landing at Halifax on the 29th of March. The appearance of this case led to the issuance of the following instructions to health officers by the secretary of the Michigan State Board of Health:

I am informed by the inspector of health for the Province of Quebec that W. J. Cook, an English immigrant from Worthing, Sussex, England, now lying sick with typhus in the Montreal civic hospital, embarked at Liverpool March 16, last, on the Allan steamship "Buenos Ayrean," and landed at Halifax March 29. On reaching Montreal, March 30, this immigrant was brought sick out of the Halifax train, and carried to the Montreal general hospital, where he remained under observation until Saturday, April 1, when his disease was recognized as typhus, and he was removed to the civic hospital.

The United States consul general at Halifax, in a letter of April 4, informs me that at Halifax the baggage of immigrants from Norway, Sweden, Denmark and Great Britain is not so rigidly disinfected as the baggage of immigrants from other European countries, and we know that at most of the Atlantic ports such baggage does not undergo any disinfection whatever; and, even if we were to admit that typhus is spread only directly from the person infected, the inspection of immigrants from Great Britain may not be so rigid as from Germany or Russia.

As immigrants coming into this country may have been exposed to the disease at the same time this man was, or to this case of typhus, either on the "Buenos Ayrean" or at Halifax, or en route by rail to Montreal, this notice is sent to you that you may keep recent immigrants to your locality under surveillance, in order to detect the first symptoms of typhus, should they develop, and isolate the patient before others are exposed to this very dangerous contagious disease.

ARRIVAL OF IMMIGRANTS.

We have received notice from the United States commissioner of immigration, port of New York, under date of April 10, May 13 and 22, and June 3, of the arrival there upon infected vessels, viz., steamships "Braunschweig," "Lahu," "Umbria," and "H. H. Meier," of certain immigrants destined for this state, as follows: Atchison, Douglas, Ellis, Ellsworth, Lincoln, Mitchell, Marshall, Riley, Smith and Shawnee counties.

All had been exposed to smallpox, and the county health officers con-

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cerned were promptly notified, to the end that the parties might be kept under observation.

CHOLERA PREVENTION.

The circulars issued on this subject last year, pages 99–102 Eighth Annual Report, were republished March 1 and distributed to boards of health, health officers, mayors of cities, and others concerned, with the following remarks, viz.:

This circular is again brought to the attention of all concerned, in the hope that the good work inaugurated last year, which has resulted in a highly improved sanitary condition, and decreased mortality from preventable causes, will be resumed this spring as early as practicable, and continued with zeal until it may be said there is not a city or town in the state in which cholera or other epidemic disease may effect and maintain a lodgement.

The indications are strong, and conclusive to intelligent, well-informed persons everywhere, that the cholera epidemic, still raging in western Europe and Asia with unabated fury, and which has already sacrificed the lives of more than 300,000 persons, will extend to our shores during this year; and while the danger from such a visitation may appear remote and inconsiderable to some, the only safe course of procedure for all municipal and county officials, including health boards and health officers, and all others charged with the supervision of the health interests of our people, if they would preclude criticism and self-reproach in case of disaster, is to speedily adopt and put in force and effect every due and proper precautionary measure. We know that epidemic cholera has heretofore invaded our state with fatal effect, and when the conditions were apparently less inviting than at the present time; hence, we should not be misguided by mere speculative theories, founded on fancied security from any pretended cause. *The only real security lies in practical preventive measures.*

Mayors and councils, health boards and health officers of cities receiving this circular are urged to take prompt and decisive action. County health officers are hereby requested to communicate the purport of this circular to the mayors and councils, municipal health boards and health officers of their respective counties, besides securing its publication (or a circular prepared from it, over their own signatures) in the newspapers, as far as practicable, (sending copies of such publications to this office,) and otherwise giving the subject the widest possible publication.

All strangers arriving in the community should be kept under observation. This is especially necessary in the case of immigrants who, if they have been in contact with cholera cases, should not be permitted at once to mingle with others.

By order of the State Board of Health. M. O'BRIEN, M. D., *Secretary.*

We have reason to believe that the requirements of the circular are being generally observed throughout the state.

NATIONAL CONFERENCE OF STATE BOARDS OF HEALTH.

It was proposed, early in January, that a conference of state boards of health be held at Indianapolis about March 1 for the consideration of measures to be taken by state boards of health to prevent the introduction and spread of cholera. This proposition was subsequently amended to provide

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for the meeting to be held in New York April 5. The following call will fully explain the objects of the conference:

There will be a meeting of the national conference of state boards of health in New York city, Fifth Avenue hotel, Wednesday, April 5, convening at 10 o'clock A. M. Port quarantine officials of the United States, Canada, and Mexico, and the supervising surgeon general of the marine hospital service, are invited to meet with the conference. You are earnestly requested to be present, and to urge the attendance of other representatives of your Board or state.

The object of the meeting is sufficiently indicated in the following program of business to come before the conference:

1. Report of National Quarantine Commission. Dr. Irving A. Watson, New Hampshire, chairman; Dr. Peter H. Brice, Ontario, secretary.

2. (*a*) What are the present conditions, as to equipment and efficiency of administration of the quarantine stations on the seaboard of the United States, including improvements to be actually available during the coming season. (*b*) What is to be the practice as to the inspection of persons and the disinfection of baggage, and what is the exact practical meaning of certificates issued to passengers and immigrants as to themselves and the disinfection of their effects? (To be responded to by port quarantine authorities of the United States.)

3. The same questions as to Canadian ports. (To be responded to by port quarantine authorities of Canada.)

4. The same questions as to Mexican ports. (To be responded to by port quarantine authorities of Mexico.)

5. (*a*) What available plan can be agreed upon which will pass a properly certified passenger or immigrant and his baggage and effects from his starting point in the United States, Canada, or Mexico, to his destination without unnecessary interference or delay. (*b*) Is it necessary and practicable to disinfect the baggage of all immigrants, and require certificates of disinfection?

6. In the emergency of an epidemic, would it be practicable to conduct a uniform system of inspection service at the various state lines, as against any given infected district, by means of which coöperation and mutual protection would be secured?

Propositions Nos. 5 and 6 will be referred to committees, appointed at the opening session, and requested to report to the conference in time for its action before adjournment.

7. (*a*) What has been done by each State Board of Health to protect the territory under its jurisdiction against cholera? (*b*) What quarantine powers has each board? (*c*) What are the present conditions in the principal cities and towns of each state? (This will be responded to briefly, preferably in writing, by each state board.)

8. In the event of cholera in this country, what requirements should be made of transportation companies to prevent spread of the disease? Dr. C. A. Lindsley, Dr. E. P. La Chapelle, Dr. F. W. Reiley, Dr. L. F. Salamon, Dr. R. M. Swearingen.

DR. J. N. MCCORMICK, President,
DR. C. O. PROBST, Secretary,
DR. H. B. BAKER, Treasurer,
Executive Committee.

It will be remembered that the report of the inspection of maritime ports, made last year by a committee of the national conference, elicited the gravest apprehension for the safety of the country in case of a renewal of immigration. The condition has since been materially improved; but that it is yet

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by no means perfect, we infer from the following recent communication of the Michigan State Board of Health.

Walter Wyman, M.D., Supervising Surgeon General, Washington, D. C.:

DEAR DOCTOR—Bearing upon the subject of your closer connection with the quarantine work of this country under the recent United States legislation, permit me to ask your attention to a number of facts and considerations, tending to prove the great need of reform at most of the ports where immigrants generally enter the United States.

I quote from a recent report by an inspector of this board at the Michigan border:

> The work at New York and the seaboard generally is evidently receiving very little attention. Very many packages inspected here [Michigan border] by the customs show plainly that they have not been opened since leaving the old country, neither by the customs at New York nor the sanitary inspectors. These boxes cannot be opened in New York and closed up again without leaving traces of the process of opening and renailing; and yet very many of these packages bear certificates of disinfection at New York. Recently, a considerable number of immigrants via New York, and all those from Boston, have no certificates whatever.

I have hoped that the disinfection of baggage at Halifax was really to be of some use; but, I am now reliably informed that "the disinfection of baggage at Halifax has degenerated from *heroic-steam* to *mild-sulphur* process;" therefore, it has been found necessary to continue to detain baggage for steam disinfection at the Michigan border.

Incidentally, I may mention that your inspector at Sault Ste. Marie has not complied with the requirements of this board under the laws of this state; in fact, he generally disobeys them. Therefore, I presume that, unless you displace him, this board will disregard him and appoint an inspector there.

My belief is that the health officers of the ports of New York and Baltimore, and elsewhere on the Eastern seaboard, do not attempt to disinfect the baggage of immigrants, except they come in a vessel which has sailed from a so-called "infected port." This seems to me to be fundamentally wrong, and simply a relic of inefficient methods of action in ancient times. It is such action, or nonaction, as this which has brought quarantine into disrepute, because *such* quarantine does *not* exclude disease. Immigrants are coming into this state from Germany, Russia and other countries and localities where cholera has occurred. That they cross the ocean in vessels from Liverpool or other "uninfected ports" does not, in the least degree, lessen the danger of the introduction of disease into this country in the baggage of those immigrants. I respectfully submit that the public safety from communicable diseases would be greatly promoted if the baggage of all immigrants was to be disinfected at the seaboard; and when I say "disinfected" I mean *disinfected* — not simply having a certificate attached to it that "it is believed to be free from infection," or that "it has been under observation by quarantine officials, . . . and been subjected by them to such disinfection as they deem sufficient." Those of us in this part of the country who are trying to guard our people from the introduction of dangerous disease want to know that the baggage of immigrants, from countries where cholera and other dangerous diseases have been, has been actually disinfected before it enters this state.

This brings me to the subject of certificates; because, if it is possible to have actual and thorough disinfection at the seaboard, it may be possible to save duplicating such processes at state lines, as is now necessary. Doctor Watson, of New Hampshire, a member of our International Quarantine Inspection Commission last year, has perfected a sanitary-ticket system, whereby it is possible for an inspector at the seaboard to convey to all sanitary inspectors inland correct information rela-

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tive to an immigrant and his baggage. I hope his system may be adopted. But no system of certificates is or can be useful under present inefficient methods at the seaboard; and all certificates must continue to be disregarded at our border until disinfection at the seaboard is thorough, certain, and continuous.

In your work for the improvement of the quarantine systems of this country, you can count on the active coöperation of the Michigan State Board of Health.

Very respectfully, HENRY B. BAKER, *Secretary.*

The recent United States legislation referred to in this communication is the act of February 15, 1893, giving supervision of the national quarantine to the United States marine hospital service. The said act is as follows:

NATIONAL QUARANTINE LAW.

AN ACT granting additional quarantine powers and imposing additional duties upon the marine hospital service.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That it shall be unlawful for any merchant ship or other vessel from any foreign port or place to enter any port of the United States except in accordance with the provisions of this act and with such rules and regulations of state and municipal health authorities as may be made in pursuance of or consistent with this act; and any such vessel which shall enter or attempt to enter a port of the United States in violation thereof shall forfeit to the United States a sum, to be awarded in the discretion of the court, not exceeding $5,000, which shall be a lien upon said vessel, to be recovered by proceedings in the proper district court of the United States. In all such proceedings the United States district attorney for such district shall appear on behalf of the United States; and all such proceedings shall be conducted in accordance with the rules and laws governing cases of seizure of vessels for violation of the revenue laws of the United States.

SEC. 2. That any vessel at any foreign port clearing for any port or place in the United States shall be required to obtain from the consul, vice consul or other consular officer of the United States at the port of departure, or from the medical officer, where such officer has been detailed by the President for that purpose, a bill of health, in duplicate, in the form prescribed by the secretary of the treasury, setting forth the sanitary history and condition of said vessel, and that it has in all respects complied with the rules and regulations in such cases prescribed for securing the best sanitary condition of the said vessel, its cargo, passengers, and crew; and said consular or medical officer is required, before granting such duplicate bill of health, to be satisfied that the matters and things therein stated are true; and for his services in that behalf he shall be entitled to demand and receive such fees as shall by lawful regulation be allowed, to be accounted for as is required in other cases. The President, in his discretion, is authorized to detail any medical officer of the government to serve in the office of the consul at any foreign port, for the purpose of furnishing information and making the inspection and giving the bills of health hereinbefore mentioned. Any vessel clearing and sailing from any such port without such bill of health, and entering any port of the United States, shall forfeit to the United States not more than $5,000, the amount to be determined by the court, which shall be a lien on the same, to be recovered by proceedings in the proper district court of the United States. In all such proceedings the United States district attorney for such district shall appear on behalf of the United States; and all such proceedings shall be conducted in accordance with the rules and laws governing cases of seizure of vessels for violation of the revenue laws of the United States.

SEC. 3. That the supervising surgeon general of the marine hospital service shall,

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immediately after this act takes effect, examine the quarantine regulations of all state and municipal boards of health, and shall, under the direction of the secretary of the treasury, coöperate with and aid state and municipal boards of health in the execution and enforcement of the rules and regulations of such boards, and in the execution and enforcement of the rules and regulations made by the secretary of the treasury to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, and into one state or territory or the District of Columbia from another state or territory or the District of Columbia; and all rules and regulations made by the secretary of the treasury shall operate uniformly and in no manner discriminate against any port or place; and at such ports and places within the United States as have no quarantine regulations under state or municipal authority, where such regulations are, in the opinion of the secretary of the treasury, necessary to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, or into one state or territory or the District of Columbia from another state or territory or the District of Columbia, and at such ports and places within the United States where quarantine regulations exist under the authority of the state or municipality which, in the opinion of the secretary of the treasury, are not sufficient to prevent the introduction of such diseases into the United States, or into one state or territory or the District of Columbia from another state or territory or the District of Columbia, the secretary of the treasury shall, if in his judgment it is necessary and proper, make such additional rules and regulations as are necessary to prevent the introduction of such diseases into the United States from foreign countries, or into one state or territory or the District of Columbia from another state or territory or the District of Columbia, and when said rules and regulations have been made, they shall be promulgated by the secretary of the treasury and enforced by the sanitary authorities of the states and municipalities, where the state or municipal health authorities will undertake to execute and enforce them; but if the state or municipal authorities shall fail or refuse to enforce said rules and regulations, the President shall execute and enforce the same, and adopt such measures as, in his judgment, shall be necessary to prevent the introduction or spread of such diseases, and may detail or appoint officers for that purpose. The secretary of the treasury shall make such rules and regulations as are necessary to be observed by vessels at the port of departure and on the voyage, where such vessels sail from any foreign port or place to any port or place in the United States, to secure the best sanitary condition of such vessel, her cargo, passengers, and crew, which shall be published and communicated to and enforced by the consular officers of the United States. None of the penalties herein imposed shall attach to any vessel or owner or officer thereof until a copy of this act, with the rules and regulations made in pursuance thereof, has been posted up in the office of the consul or other consular officer of the United States for 10 days, in the port from which said vessel sailed; and the certificate of such consul or consular officer over his official signature shall be competent evidence of such posting in any court of the United States.

SEC. 4. That it shall be the duty of the supervising surgeon general of the marine hospital service, under the direction of the secretary of the treasury, to perform all the duties in respect to quarantine and quarantine regulations which are provided for by this act, and to obtain information of the sanitary condition of foreign ports and places from which contagious and infectious diseases are or may be imported into the United States, and to this end the consular officer of the United States, at such ports and places as shall be designated by the secretary of the treasury, shall make to the secretary of the treasury weekly reports of the sanitary condition of the ports and places at which they are respectively stationed, according to such forms

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as the secretary of the treasury shall prescribe; and the secretary of the treasury shall also obtain, through all sources accessible, including state and municipal sanitary authorities throughout the United States, weekly reports of the sanitary condition of ports and places within the United States, and shall prepare, publish, and transmit to collectors of customs and to state and municipal health officers and other sanitarians, weekly abstracts of the consular sanitary reports and other pertinent information received by him, and shall also, as far as he may be able, by means of the voluntary coöperation of state and municipal authorities, of public associations, and private persons, procure information relating to the climatic and other conditions affecting the public health, and shall make an annual report of his operations to Congress, with such recommendations as he may deem important to the public interests.

SEC. 5. That the secretary of the treasury shall from time to time issue to the consular officers of the United States and to the medical officers serving at any foreign port, and otherwise make publicly known, the rules and regulations made by him, to be used and complied with by vessels in foreign ports, for securing the best sanitary condition of such vessels, their cargoes, passengers, and crew, before their departure for any port in the United States and in the course of the voyage; and all such other rules and regulations as shall be observed in the inspection of the same on the arrival thereof at any quarantine station at the port of destination, and for the disinfection and isolation of the same, and the treatment of cargo and persons on board, so as to prevent the introduction of cholera, yellow fever, or other contagious or infectious diseases; and it shall not be lawful for any vessel to enter said port to discharge its cargo or land its passengers, except upon a certificate of the health officer at such quarantine station certifying that said rules and regulations have in all respects been observed and complied with, as well on his part as on the part of the said vessel and its master, in respect to the same and to its cargo, passengers, and crew; and the master of every such vessel shall produce and deliver to the collector of customs at said port of centry, together with the other papers of the vessel, the said bills of health required to be obtained at the port of departure and the certificate herein required to be obtained from the health officer at the port of entry; and that the bills of health herein prescribed shall be considered as part of the ship's papers, and when duly certified to by the proper consular or other officer of the United States, over his official signature and seal, shall be accepted as evidence of the statements therein contained in any court of the United States.

SEC. 6. That on the arrival of an infected vessel at any port not provided with proper facilities for treatment of the same, the secretary of the treasury may remand said vessel, at its own expense, to the nearest national or other quarantine station, where accommodations and appliances are provided for the necessary disinfection and treatment of the vessel, passengers, and cargo; and after treatment of any infected vessel at a national quarantine station, and after certificate shall have been given by the United States quarantine officer at said station that the vessel, cargo and passengers are each and all free from infectious disease, or danger of conveying the same, said vessel shall be admitted to entry to any port of the United States named within the certificate. But at any ports where sufficient quarantine provision has been made by state or local authorities, the secretary of the treasury may direct vessels bound for said ports to undergo quarantine at said state or local station.

SEC. 7. That whenever it shall be shown to the satisfaction of the President that, by reason of the existence of cholera or other infectious or contagious diseases in a foreign country, there is serious danger of the introduction of the same into the

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United States, and that notwithstanding the quarantine defense this danger is so increased by the introduction of the same into the United States, and that notwithstanding the quarantine defense this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce the same is demanded in the interest of the public health, the President shall have power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as he shall designate, and for such period of time as he may deem necessary.

SEC. 8. That whenever the proper authorities of a state shall surrender to the United States the use of the buildings and disinfecting apparatus at a state quarantine station, the secretary of the treasury shall be authorized to receive them and to pay a reasonable compensation to the state for their use, if, in his opinion, they are necessary to the United States.

SEC. 9. That the act entitled "An act to prevent the introduction of infectious or contagious diseases into the United States, and to establish a national board of health," approved March 3, 1879, be and the same is hereby repealed. And the secretary of the treasury is directed to obtain possession of any property, furniture, books, paper or records belonging to the United States which are not in possession of an officer of the United States under the treasury department, which were formerly in the use of the National Board of Health or any officer or employé thereof.

Under the provision "That the supervising surgeon general of the marine hospital service shall, immediately after this act takes effect, examine the quarantine regulations of all state and municipal boards of health," etc., we have been requested to send copies of the quarantine regulations of the Board, which has been done.

CHOLERA PREVENTION.

Under the foregoing act of Congress, the United States government has taken due precautions, which may be summarized as follows:

Nine medical officers have been appointed by the President, who are now situated at the chief European ports.

It is the duty of these officers to inspect all immigrants and passengers destined for this country, and also the sanitary condition of the crews of all vessels and the vessels themselves.

The master of each vessel must procure from the medical officer a properly certified bill of health, under a penalty of $5,000 for touching at any port in the United States without such bill of health.

If a vessel sails from an infected port, cabin passengers must produce satisfactory evidence as to the exact place of abode during the four days immediately preceding embarkation, and, if deemed necessary, may be detained, and their baggage disinfected. Steerage passengers, if from a port infected with cholera, will be detained five days under medical observation, and their clothing and effects disinfected.

Passengers and crews, merchandise and baggage, shipped from a noninfected port, but coming from an infected locality, are subject to the same regulations as are imposed in an infected port.

Consular officers of the United States government stationed in the interior have been instructed to promptly notify consular or medical officers at ports of departure of the expected arrival of passengers, baggage or merchandise suspected to be infected with cholera.

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In addition, "all baggage of steerage passengers destined for the United States shall be labeled. If the baggage has been inspected and passed, the label shall be a *red* label, bearing the name of the port, the steamship on which the baggage is to be carried, the word 'inspected' in large type, the date of inspection, and the seal or stamp of the consulate, or of the medical officer of the United States serving in the office of the consul. All baggage that has been *disinfected* shall be pasted with a *yellow* label, upon which shall be printed the name of the port," etc., "and the word 'disinfected' in large type," with the seal or stamp of consulate or medical officer.

"Each immigrant or steerage passenger shall be furnished with an inspection card, on which shall be inscribed or stamped the port of departure, name of the steamship, date of departure, name of immigrant or steerage passenger and last residence, and the seal or stamp of the United States consulate or the detailed medical officer. This card is to be retained by the immigrant until he reaches his point of destination in the United States." Cabin passengers from infected ports or places will be given a special-inspection card, and their baggage will also be properly labeled.

An important feature of the new quarantine regulations relates to smallpox. Persons coming on vessels from any port or place where smallpox prevails as an epidemic, or on vessels having smallpox on board, must be vaccinated, unless they have had smallpox or been recently vaccinated, or be detained not less than 14 days. All passengers except first- and second-cabin passengers, prior to entry, must be vaccinated, unless this has recently been done, or unless they have had smallpox. If they refuse to be vaccinated, they will be detained 14 days.

THE EIGHTH ANNUAL REPORT.

The manuscript of the eighth annual report was delivered to the secretary of state on the 16th of February; the first lot of the printed report was received from the public printer on the 18th of May. Three thousand copies of the report were printed, and that number have been received.

We have distributed the report thus far as follows: To the governor and all state officials, state institutions, state senators and representatives, schools, colleges and hospitals of the state, boards of health of other states in correspondence with us, prominent physicians and others at large, presidents of county and municipal boards of health, county health officers and probate judges within the state, besides a limited number to physicians of every county in the state—in all about one-third of the supply. The distribution of the remaining two thirds is unavoidably delayed for want of funds to pay postage on same.

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PROCEEDINGS OF THE BOARD—MINUTES OF THE SECOND QUARTERLY MEETING.

TOPEKA, KAS., June 20, 1893.

The Board met in annual session, at its office in this city to day. Present: Doctors Johnson, Jones, Swallow, Jenney, Welch, and the Secretary, Doctor O'Brien; Doctor Johnson presiding.

The minutes of the previous meeting were read, and, upon motion, duly approved and adopted.

The Secretary presented his report of the operations of the public-health service since the last meeting, the consideration of which was, upon motion, deferred till the Board should be reorganized.

All the official acts of the Secretary taken in the name of the Board since the meeting of March 9, 1893, as represented in his report, were, upon motion, duly approved and affirmed as the acts of the Board in the several matters referred to therein.

The following accounts for expenses incurred on behalf of the Board were referred to the auditing committee, and being reported back to the Board approved by said committee, the same were, upon motion, duly approved by the Board and ordered paid:

Dr. M. O'Brien, rent of office premises, postage, expressage, etc., $——
Dr. M. O'Brien, postage and expressage, special sanitary service, $——

The following additions to personnel of the Board since its last meeting were announced, viz.: Drs. J. D. Van Nuys, P. Daugherty, and E. M. Hoover, appointed for three years, to date from March 28, 1893; Drs. E. Swarts, J. P. Stewart, and A. J. Anderson, appointed for two years, from March 28, 1893.

The members relieved from the Board through these appointments are as follows: Drs. G. H. T. Johnson, D. C. Jones, Andrew Sabine, R. C. Musgrave, R. A. Williams, and J. Milton Welch.

The Board, as formerly organized, being thereby reduced below a quorum, was, upon motion, declared adjourned *sine die*.

TOPEKA, June 20, 1893.

The Board met in annual session at the office of the Board, in this city. Present: Drs. H. D. Hill, J. W. Jenney, Frank Swallow, J. P. Stewart, J. D. Van Nuys, E. M. Hoover, A. J. Anderson, P. Daugherty, E. Swarts, and the Secretary, Dr. M. O'Brien.

The Secretary read a communication from the secretary of state, announcing that Doctors Stewart, Van Nuys, Hoover, Anderson, Daugherty and Swarts had been duly qualified as members of the State Board of Health.

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Upon motion, Dr. J. P. Stewart was elected temporary chairman.

The chairman announced that nominations were in order for the offices of President and Secretary of the Board.

Doctors Swallow, Stewart and Swarts were named for the office of President. The two latter having declined to permit the use of their names, the election of Doctor Swallow was, upon motion, made unanimous. Doctor Swallow was declared the duly-elected President of the Board for the ensuing year, and took the chair, thanking the Board for the honor conferred upon him.

Nominations were then called for for the office of Secretary; whereupon the present incumbent, Doctor O'Brien, stated there was no vacancy in that office, as the law provided that the Secretary of the Board shall hold his office so long as he shall faithfully discharge the duties thereof. The following names were then presented: Dr. H. A. Dykes, Dr. H. A. Warner, Dr. J. M. Welch, Dr. Eva Harding. The President announced that Doctor O'Brien's name should also be considered; whereupon the doctor announced he was not a candidate, being already the Secretary of the Board, duly elected.

A ballot was ordered, Doctors Van Nuys and Stewart being named tellers. The following was the result of the first ballot, viz.: Dykes, 5 votes; Welch, 2 votes; O'Brien, 2 votes. Necessary to a choice, 5 votes. Whereupon the President announced the election of Dr. H. A. Dykes as Secretary of the Board, to date from July 1, 1893.

Doctor Dykes was called before the Board, and briefly expressed his thanks.

The following resolution, introduced by Dr. H. D. Hill, was, upon motion, unanimously adopted:

WHEREAS, The relations of M. O'Brien as Secretary of the State Board of Health have ceased, by reason of reorganization of the Board, we therefore, as members of the present State Board of Health, desire to express our appreciation of the worth and character of Doctor O'Brien in his efforts to protect the people of our state from the ravages of disease, and in his retirement from his labors connected with the Board we assure him that our best wishes follow him.

Also, the following resolution was presented by Doctor Van Nuys:

WHEREAS, Dr. G. H. T. Johnson for years presided over the meetings of the State Board of Health with dignity and credit:

Therefore we, the present members of the Board, desire to express our appreciation of his worth as a colaborer in the profession, and extend to him our best wishes for his future success; and permit us to indulge in the hope that he will continue to aid the Board from time to time by his friendly counsel.

The Board took a recess till 8 o'clock P. M.

8 o'clock P. M.

The Board reassembled. Present: The same members as before, except Doctor Daugherty. The Secretary, Doctor O'Brien, present; Doctor Swallow presiding.

The Secretary read his report of the operations of the public-health serv-

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ice since the meeting of March 9, 1893, which, being fully considered, was, upon motion, duly approved and adopted as the proceedings of the Board for the period embraced therein. The report was ordered engrossed for publication.

In the matter of the complaint from the Armour packing house, of Kansas City, referred to in the Secretary's report under Wyandotte county, the Board instructed Doctor Swarts to accompany the labor commissioner in making the proposed investigation; also, at the same time, or as soon as practicable, to inspect the other packing houses in Kansas City, and report the result of all his inspections to the Secretary of the Board.

It was resolved to divide the state into health districts, and assign the members of the Board thereto, with authority to supervise the public-health interests thereof in the name of the Board.

The plan of division and assignment was referred to the Executive Committee, viz.: The President and Doctors Stewart and Hill; and a meeting of this committee was accordingly directed to be held in this city July 6, 1893, at 3 o'clock P. M.

To Doctor Hill was assigned the duty of preparing and formulating rules to be applied at the limits of the state, if threatened with invasion by infectious or contagious diseases.

The following accounts for expenses attending this meeting of the Board were presented, and, upon motion, were duly approved and ordered paid, viz.:

Dr. J. M. Welch	$12 00
Dr. H. D. Hill	16 00
Dr. F. Swallow	4 35
Dr. J. P. Stewart	8 20
Dr. E. M. Hoover	11 64
Dr. J. D. Van Nuys	12 00
Dr. P. Daugherty	5 00
Dr. E. Swarts	6 80
Dr. J. W. Jenney	12 50
Dr. A. J. Anderson	4 50

After a general discussion upon public-health topics, the Board adjourned.

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SECRETARY'S SECOND REPORT—1893.

The following changes in the personnel of the Board have been made since our last meeting, viz.:

Dr. P. Daugherty, Junction City, appointed for three years, from March 28, 1893.
Dr. J. P. Stewart, Clay Centre, appointed for two years, from March 28, 1893.
Dr. E. Swarts, Kansas City, appointed for two years, from March 28, 1893.
Dr. E. M. Hoover, Halstead, appointed for three years, from March 28, 1893.
Dr. J. D. Van Nuys, Wichita, appointed for three years, from March 28, 1893.
Dr. A. J. Anderson, Lawrence, appointed for two years, from March 28, 1893.

By these appointments, Doctors Johnson, Jones, Williams, Welch, Musgrave and Sabine are relieved from membership on the Board.

County health officers have also been changed, as follows: Chase county, Dr. Andrew Welte, Matfield Green, elected vice Dr. F. T. Johnson; Cheyenne county, Dr. F. A. Tracy, St. Francis, elected vice Dr. F. T. Tracy; Douglas county, Dr. W. Y. Leonard, Lawrence, elected vice Dr. N. Simmons; Wilson county, Dr. A. N. Perkins, Fredonia, elected vice Dr. F. M. Wiley.

The following counties have reported the election of health officers, viz.:

Allen, Dr. A. J. Fulton, Iola.
Franklin, Dr. J. I. Paramore, Ottawa.
Jackson, Dr. J. A. Rafter, Holton.
Leavenworth, Dr. D. R. Phillips, Leavenworth.
Miami, Dr. D. H. Johnson, Paola.
Morris, Dr. Z. T. Harvey, Council Grove.
Scott, Dr. Geo. Finkenbinder, Friend.

HEALTH LAWS OF KANSAS.

CREATING STATE AND LOCAL BOARDS OF HEALTH.

[Session Laws of 1885, ch. 129—G. S. 1889, ¶¶ 6026-6037.]

SECTION 1. (6026). Within 30 days after this act shall take effect, the governor, by and with the advice and consent of the senate, if it be then in session, shall appoint from the different parts of the state, nine physicians, who shall be men of good moral character and temperate habits, distinguished for their devotion to the study of medicine and allied sciences, of not less than seven years' continuous practice in their profession, and each of whom shall be a graduate of a respectable medical college; and said nine physicians, when so appointed and confirmed, shall be known as "The Kansas State Board of Health." Three of said physicians shall be appointed for one year, three for two years, and three for three years; and annually thereafter the governor shall in like manner appoint three physicians of like character and qualifications to fill the vacancies occurring in said Board by reason of the expiration of the terms of service, as herein provided; and the persons so appointed shall hold their respective offices for the like term of three years, and until their successors are appointed and qualified; but in no case shall the governor appoint a major-

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ity of the physicians that shall constitute said Board of Health from any one school of medical practice, nor shall said Board at any time be composed of persons a majority of whom shall be of the same school of medical practice. Upon the appointment of the nine physicians first provided for in this act, the secretary of state shall issue to each of them a certificate of his appointment, and within 20 days after such appointment the said nine persons shall meet in the city of Topeka, and they shall each take and subscribe the oath prescribed by law for state officers, which oath shall be filed with the secretary of state. And thereupon said Board shall immediately organize by electing one of its number President. They shall also elect a Secretary, and said Secretary shall be the executive officer of said Board, but not a member thereof. The Secretary shall execute to the state of Kansas a bond in the sum of $5,000, with sureties to be approved by the governor; and when approved, it shall be filed in the office of the secretary of state. Said bond shall be conditioned for the faithful performance of the duties of his office as such Secretary. And he shall take and file a like oath to that prescribed for the members of said Board. The Board may elect one of its own number Secretary, but in such case such election shall create a vacancy in the Board, which shall be filled by the governor. It shall be the duty of the governor to fill all vacancies which may occur in the Board; and all appointments, whether original or to fill vacancies, made during the recess of the legislature, shall be submitted by the governor to the senate at its first session after such appointment is made, for its action. But all lawful official actions of the members of the Board made before confirmation or rejection, shall be valid. The executive council shall provide the State Board of Health a suitable office at the city of Topeka for the transaction of its business.

SEC. 2. (6027). The State Board of Health shall make, adopt and publish such rules and order of business as may be necessary to make this act effective, and facilitate the transaction of its business. It shall provide a seal, and all correspondence and papers emanating from it shall be under the seal of said Board. It shall meet quarterly, and oftener if deemed necessary, at such place as it may designate, the first meeting to be held in the city of Topeka. The annual meeting after the first shall be held during the month of June in each and every year, at Topeka, and a majority of its members shall constitute a quorum for the transaction of business. No member of the Board shall receive any compensation for services rendered; but their traveling and other necessary expenses, while employed on the business of the Board, shall be allowed and paid. The Secretary shall receive such compensation as may be allowed by the State Board of Health, and approved by the governor, and to be paid him in the same manner as the salaries of other state officers are paid, and such necessary expenses shall be allowed him as the secretary of state shall admit, on the presentation of an itemized account, having vouchers annexed, together with the certificate of the Board.

SEC. 3. (6028). The Secretary shall hold his office so long as he shall faithfully discharge the duties thereof; but may be removed for just cause at any regular meeting of the Board, by a majority of all members of the Board. He shall keep a record of all the transactions of the Board; shall have the custody of all books, papers, documents, and other property belonging to the office; shall communicate with other state boards of health, and with the local boards of health within this state; shall file and keep all reports received from such boards, and all correspondence of the office appertaining to the business of the Board. He shall perform all other duties prescribed in this act for the said Secretary, or directed by the State Board of Health.

SEC. 4. (6029). The State Board of Health shall supervise the health interests of the people of this state. They shall make careful inquiry in respect to the cause of

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disease, and especially of epidemics, and investigate the sources of mortality, and the effects of localities, employments, conditions, ingesta, habits and surroundings on the health of the people. They shall advise officers of government, or other state boards, in regard to location, drainage, water supply, disposal of excreta, heating and ventilation of public buildings. They shall collect and preserve such information relating to forms of disease and death as may be useful in the discharge of the duties of said Board. All health officers of local boards of health in the state shall transmit to said State Board of Health copies of the reports and publications, and such sanitary information as may be useful to the people of the state.

SEC. 5. (6030). The State Board of Health shall supervise the registration of marriages, births, and deaths, and also the registration of forms of disease prevalent in the state; and the Secretary of said Board shall superintend the registration of the vital statistics of the state. They shall prepare the blank forms necessary for obtaining and preserving such records, and forward such of them to the health officers of local boards as may be required by physicians, assessors, local boards, and others whose duty it is to gather information in relation to the vital statistics of the state. The State Board of Health shall also prepare the forms and establish the rules by which permits for transporting the dead bodies of persons for burial beyond the county where the death occurs; and in all cases the said Board of Health shall require the coupons to be attached to such permits to be detached and preserved by every common carrier, or the person in charge of any vessel, railroad train or vehicle to which dead bodies shall be delivered for transportation. Any violations of these rules shall subject the offender to a fine of $10 for each offense.

SEC. 6. (6031). The State Board of Health shall, when they think best to do so, appoint committees, or engage suitable persons to render special sanitary service, to make or supervise practical or scientific investigations and examinations requiring expert skill, and to prepare plans and report thereon. And it is hereby made the duty of all officers and agents having the control, charge or custody of any public structure, work, ground, or erection, or any plan, description, outline drawings, charts thereof or relating thereto, made, kept or controlled under any public authority, to permit and facilitate any examination and inspection ordered by said Board; and the members of said Board, and such other officer or person as may at any time be by said Board authorized, may without fee or hindrance enter, examine and survey all grounds, erections, vehicles, structures, apartments, buildings, and places; but the legislature shall first determine the amount which shall be expended during the year for such special sanitary work, and the expenditures shall not exceed the amount thus determined and set apart for the year.

SEC. 7. (6032). The county commissioners of the several counties of this state shall act as local boards of health for their respective counties. Each local board thus created shall elect a physician, preference being given to adepts in sanitary science, who shall be *ex officio* a member of said local board and the health officer of the same. He shall hold his office during the pleasure of the board, but may be removed for just cause at any regular meeting of the same by a majority of the members voting therefor, on which motion he shall not vote. The local boards of health hereby created shall not supersede or in any way interfere with such boards established by municipal regulations in any of the counties of this state; but all local boards of health of this state, created by this act, or existing by authority of municipal law, shall be governed by the provisions of this act.

SEC. 8. (6033). The health officer of the several local boards of health throughout the state, immediately after his election, shall notify the State Board of the fact, and give his post-office address. He shall receive and distribute without delay, in the county for which he is appointed, all forms from the State Board of

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Health to the rightful persons, and all returns from physicians, assessors and local boards to the said State Board of Health, and he shall perform such other duties as this act, his local board or the State Board of Health may require of him. He shall receive for his services such reasonable compensation as his board may allow, to be paid out of the county treasury. And for any failure or neglect of said health officer to perform any of the duties prescribed in this act, he shall upon conviction thereof be fined $10 for each and every offense.

SEC. 9. (6034). It shall be the duty of every physician practicing his profession in the state of Kansas, to keep a record of the deaths occurring in his practice, or that may come to his knowledge, where death occurs without medical attendance, noting the form of the disease, and as far as possible the cause which produced it, and to report the same to the local board of health where the same occurs, at the time and in the manner prescribed by the State Board of Health; and any failure to do so will subject said physician to a fine of $10 for each and every offense.

SEC. 10. (6035). It shall be the duty of assessors of personal property in the several townships and wards of cities throughout the state, annually, to collect such information as to marriages, births and deaths as may be required by the State Board of Health, and report the same at the time and in the manner prescribed by the said Board, to the local board of health.

SEC. 11. (6036). It shall be the duty of the State Board of Health to begin on or before the first Monday in January of each year, to make a report in writing to the governor of the state upon the vital statistics and the sanitary conditions and prospects of the state; and said report shall set forth the action of said Board and its officers and agents, and the names thereof, and also the names of physicians registered for the past year, and shall suggest any further legislative action deemed proper for the better protection of life and health, and may contain any useful information which said Board may desire to communicate. The annual report of said Board shall contain a detailed account of the money paid out by or on account of said Board, and a detailed statement of the manner of its expenditure, during the past year, but the amount so paid out shall not aggregate a sum exceeding $5,000 in any year. The report of the State Board of Health shall be published in form and manner as other state reports.

SEC. 12. (6037). All prosecutions under this act shall be conducted by the county attorney for the county in which the offense was committed, in the court having jurisdiction, and all fines imposed and collected shall be paid into the county treasury, to the credit of the school fund.

MEDICAL-PRACTICE ACT.

[Session Laws of 1870, ch. 68—G. S. 1889, ¶¶ 2450, 2451.]

SECTION 1. (2450). That it shall be unlawful for any person within the limits of the state of Kansas, who has not attended two full courses of instruction and graduated in some respectable school of medicine, either of the United States or some foreign country, or who cannot produce a certificate of qualification from some state or county medical society, and is not a person of good moral character, to practice medicine in any of its departments for reward or compensation, for any sick person within the state of Kansas: *Provided*, That in all cases, when any person has been continuously engaged in the practice of medicine for a period of 10 years or more, he shall be considered to have complied with the provisions of this act, and that where persons have been in continuous practice of medicine for five years or more, shall be allowed two years in which to comply with such provisions.

SEC. 2. (2451). Any person living in the state of Kansas, or any person coming

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into said state, who shall practice or attempt to practice medicine in any of its departments, or perform or attempt to perform any surgical operation upon any person within the limits of said state in violation of section 1 of this act, shall, upon conviction thereof, be fined in not less than $50 nor more than $100 for such offense; and upon conviction for a second violation of this act shall, in addition to the above fine, be imprisoned in the county jail of the county in which said offense shall have been committed for the term of 30 days, and in no case wherein this act shall have been violated shall any person so violating receive compensation for service rendered: *Provided*, That nothing herein contained shall in any way be construed to apply to any person practicing dentistry.

NUISANCES.

[General Statutes 1889, ¶¶ 2453-2456.]

(2453). *Dead animal into well, etc.* If any person or persons shall put any dead animals, carcass, or part thereof, into any well, or into any spring, brook or branch of running water, of which use is made for domestic purposes, every person so offending shall, on conviction thereof, be fined in any sum not less than $2 or more than $100.

(2454). *Slaughterhouses.* If any owner or owners, occupier or occupiers of any slaughterhouse, or of any premises where hogs, beeves or other animals are slaughtered, shall permit the same to remain unclean, to the annoyance of the citizens of this state, or any of them, every person so offending shall be fined for every such offense any sum not less than $5 nor more than $50; and if said nuisance be not removed within five days thereafter, it shall be deemed a second offense against the provisions of this act; and every like neglect of each succeeding five days thereafter shall be considered an additional offense against the provisions of this act.

(2455). *Soap factories, etc., unclean.* If any owner or owners, occupier or occupiers of any soap factory, candle factory, oil factory, glue factory, varnish factory, pork house, sausage house or lard house shall permit the same to remain unclean, to the annoyance of the citizens of this state, or any of them, to a greater extent than is required for the necessary prosecution of their business, every person so offending shall be fined for every such offense any sum not less than $10 nor more than $100; and if such nuisance be not removed within five days thereafter, it shall be deemed a second offense against the provisions of this act; and for every like neglect of each succeeding five days thereafter, shall be considered an additional offense against the provisions of this act.

(2456). *Carcass into river, creek, etc.* If any person or persons shall put any part of the carcass of any dead animal into any river, creek, pond, road, street, alley, lane, lot, field, meadow, or common; or if the owner or owners thereof shall knowingly permit the same to remain in any of the aforesaid places, to the injury of the health or to the annoyance of the citizens of this state, or any of them, every person so offending shall, on conviction thereof before any justice of the peace of the county, be fined in a sum not less than $1 nor more than $25; and every 24 hours during which said owner may permit the same to remain thereafter, shall be deemed an additional offense against the provisions of this act.

SELLING POISONS WITHOUT LABELS, OR TO MINORS.

[General Statutes 1889, ¶ 2400.]

(2400). Every person who shall sell or deliver to any other, any arsenic, corrosive sublimate, prussic acid, or any other substance or liquid usually denominated poi-

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sonous, without having the word "poison" plainly written or printed on a label attached to the vial, box, vessel or package containing the same; or who shall sell or deliver any tartar emetic, without having the true name written or printed on a label, and attached to the vial, box, vessel or package containing the same; or who shall sell or deliver any such substance or liquid to any minor, without a written permission from the guardian of such minor, specifying the kind of drug that such minor is authorized to purchase, shall on conviction be adjudged guilty of a misdemeanor, and punished by fine not exceeding $50.

INOCULATING WITH SMALLPOX.

[General Statutes 1889, ¶ 2488.]

(2488). If any person shall inoculate himself or any other person, or shall suffer himself to be inoculated with the smallpox, within this state, with intent to cause the prevalence or spread of this infectious disease, he shall be punished by imprisonment in the state prison not more than three years nor less than one year.

DRAINAGE.

[Session Laws of 1879, ch. 100—G. S. 1889, ¶ 2624.]

SECTION 1. (2624). That the township trustee of any township in this state shall have power, whenever in his opinion the same is demanded by or will be conducive to the public health, convenience, or welfare, to cause to be established, located, and constructed, as hereinafter provided, any ditch, drain or water course within such township.

INSPECTION OF JAILS.

[General Statutes 1889, ¶¶ 3535, 3536.]

(3535.) The judge of the district or criminal court and the county attorney shall, during each term of the district or criminal court, make personal inspection of the county jail, as to the sufficiency thereof for the safe-keeping of prisoners, their convenient accommodation and health; and shall inquire into the manner in which the same has been kept since the last term, and make report in writing to the board of county commissioners of the county; and whenever any grand jury shall be in session, in any county, it shall be the duty of such jury to make inspection and report to the county commissioners touching the same matters; and it shall be the imperative duty of the county commissioners to issue the necessary orders, or cause to be made the necessary purchases or repairs, in accordance with the recommendation of the grand jury.

(3536). The sheriff of the county, by himself or deputy, shall keep the jail, and shall be responsible for the manner in which the same is kept. He shall keep separate rooms for the sexes, except where they are lawfully married. He shall supply proper bread, meat, drink and fuel for the prisoners.

PROTECTION OF PEOPLE WHO ASSEMBLE IN PUBLIC HALLS, ETC

[Session Laws of 1879, ch. 140—G. S. 1889, ¶¶ 5464-5467.]

SECTION 1. (5464). That all public halls, lyceums, theaters, opera houses and other places of amusement which are thrown open to and used for the profits of their owners or proprietors by public assemblies in the state of Kansas, shall be provided by the owner, manager or lessee with at least two stairways, hallways, or means of egress, and all doors opening thereto shall not be less than three feet in

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width, and shall swing or open out of, and not into, said public hall, lyceum, theater, opera house or other place of amusement.

SEC. 2. (5465). The proprietor, lessee or manager of every public hall, theater, lyceum, or opera house, or other place of amusement in the state of Kansas, shall keep at least one force pump in good order, ready for instant use, of sufficient capacity and provided with sufficient hose to throw water to any part of said hall, theater, lyceum, opera house, or other place of amusement, in case of fire; or, in lieu of such force pump, not less two chemical hand fire extinguishers, which shall be be kept properly charged and in good working order at all times, and in plain view of the audience.

SEC. 3. (5466). The proprietor, lessee or manager of every hotel or public house of entertainment containing 20 or more rooms, in the state of Kansas, shall keep at least one force pump in good order, ready for instantaneous use at all times, of sufficient capacity and provided with sufficient hose to throw water to any part of said hotel or public house of entertainment in case of fire; or, in lieu of such force pump at least one chemical hand fire extinguisher, properly charged and in good working order, on each floor or story of said hotel or public house of entertainment.

SEC. 4. (5467). Any person, company or corporation who shall fail, neglect or refuse to comply with the provisions of this act, within three months after it becomes a law, shall be deemed guilty of a misdemeanor, and shall be subject to a fine of $10 per day for every day any such person, company or corporation shall continue in such failure, neglect, or refusal; and it shall be the duty of the county attorneys in the various counties of the state, upon complaint made to them of the violation of the provisions of this act, by any person, company, or corporation, to at once commence action against such persons, company, or corporation, in the district court of the proper county, to recover said fine.

SALE OF POISONOUS DRUGS.

[Session Laws of 1887, ch. 174—G. S. 1889, ¶ 6049.]

SECTION 4. (6049). . . . It shall be unlawful for any person, on and after the passage of this act, to retail any articles enumerated in schedules A, B, C, except as follows:

Schedule A.—Arsenic and its preparations, corrosive sublimate, white precipitate, red precipitate, biniodide of mercury, cyanide of potassium, hydrocyanic acid, chloroform, strychnine, morphine, and all other poisonous, vegetable alkaloids and their salts, essential oil of bitter almonds, opium and its preparations, except paregoric and other preparations of opium containing less than two grains to the ounce.

Schedule B.—Aconite, belladonna, colchicum, conium, nux vomica, henbane, cantharides, creosote, digitalis, and their pharmaceutical preparations, croton oil, chloral hydrate, sulphate of zinc, sugar of lead, mineral acids, carbolic acid, oxalic acid, and all other virulent poisons.

Schedule C.—Oil of savin, oil of tansy, ergot and its preparations, cotton root and its preparations, and all other active emmenagogues or abortives.

Articles enumerated in schedules A and B shall not be sold without distinctly labeling the box, vessel or paper in which the said poison is contained, and also the outside wrapper or cover, with the name of the article, the word "poison," and the name and place of business of the seller. Nor shall it be lawful for any person to sell or deliver any poison enumerated in schedules A and B, unless upon due inquiry it be found that the purchaser is aware of its poisonous character, and represents that it is to be used for a legitimate purpose; nor shall it be lawful for any proprie-

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tor or owner of any drug store or pharmacy, or any registered pharmacist, to sell or deliver any articles included in the schedules A and B without, before delivering the same to the purchaser, causing an entry to be made in a book kept for that purpose, stating the date of sale, the article sold, the quantity thereof, the purpose for which it is represented by the purchaser to be required, the name of the dispenser, and the name and address of the purchaser, signed by himself, such book to be always open for inspection by the proper authorities, and to be preserved for at least five years. No articles enumerated in schedule C shall be sold except on the prescription of a legally-qualified physician. The provisions of this section shall not apply to the sales of poisons to practicing physicians and photographers, and to the dispensing of poisons in not unusual doses or quantities upon the prescriptions of licensed practitioners of medicine. All prescriptions of practicing physicians shall be retained by the dispenser. Any person procuring from any pharmacist articles enumerated in schedules A, B and C under fraudulent representations, shall be deemed guilty of a misdemeanor, and be liable to a fine of not less than $25 nor more than $100.

INSPECTION AND SALE OF OILS FOR ILLUMINATING PURPOSES.

[Session Laws of 1879, ch. 125—G. S. 1889, ¶ 3945.]

SEC. 4. (3945). Any person, whether manufacturer, refiner, producer, or dealer, who shall sell, or offer to sell, to any person in this state, any of said oils [coal, petroleum or other mineral oils] for illuminating, whether manufactured, refined or produced in this state, or not, which shall be below the approved standard—that is, having an igniting point less than 110 degrees Fahrenheit, as indicated and determined in the manner prescribed in section 2 of this act [applying the fire test as indicated by J. Tagliabur's pyrometer, or some other instrument equally accurate], or before having the same inspected as herein provided; or if any manufacturer, refiner, producer, dealer or inspector of said oils shall falsely brand the package, cask or barrel containing the same, as provided in section 2 of this act, or procure the same to be done, or shall use barrels, packages or casks having inspectors' brands thereon, and the oil therein not having been inspected, he or they so offending upon conviction thereof shall be liable to the same penalties provided in section 2 of this act against inspectors. The casks, barrels or packages containing the same shall be forfeited, and may be sold by any sheriff at public sale, after giving 10 days' notice as provided by law for notices of sale of personal property on execution, one-half of the proceeds of such sale to go to the school fund of the county and the other half to the informer; and further, shall be liable to any person or persons for all damages sustained in consequence of the explosion or ignition of such oil thus unlawfully kept and sold.

PROHIBITING THE DISCHARGE OF SEWERS WITHIN CERTAIN DISTANCE OF WATER SUPPLY.

[Session Laws of 1889, ch. 232—G. S. 1889, ¶¶ 564, 566.]

SECTION 1. (564). The mayor and council of any city of the first class shall have power and authority to construct flushing ditches or conduits, discharging sewers or outlets for sewers, and connect the same with any creek or river at any point within five miles of the corporate limits of the city, and for this purpose the right of eminent domain is hereby granted to cities of the first class.

SEC. 3. (566). . . . *Provided*, That no sewer shall be permitted to empty into any stream from which a water supply is obtained within three miles above the point where said water supply is obtained.

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PROHIBITING THE SELLING, GIVING OR FURNISHING OF TOBACCO OR OTHER NARCOTICS TO MINORS.

[Session Laws of 1889, ch. 256 — G. S. 1889, ¶¶ 2489-2491.]

SECTION 1. (2489). That it shall be unlawful for any person or persons in this state to sell, give or furnish any cigar, cigarette or tobacco in any form, opium or any other narcotic in any form, to any minor under sixteen (16) years of age.

SEC. 2. (2490). The violation of any provision under this act shall constitute a misdemeanor, and any person found guilty thereof shall be fined in any sum not less than $5 nor exceeding $25 for each and every such offense.

SEC. 3. (2491). The provisions of this act shall not apply to the sale of any narcotic made upon the prescription of a regular practicing physician. . . .

MISCELLANEOUS OFFENSES.

[General Statutes 1889, ¶¶ 2410-2414.]

(2410). *Diluted or unclean milk.* Whoever shall knowingly sell, supply, or bring to be manufactured, to any cheese manufactory in this state, any milk diluted with water or in any way adulterated, or milk from which any cream has been taken, or milk commonly known as "skimmed milk;" or whoever shall keep back any part of the milk known as "strippings"; or whoever shall knowingly bring or supply milk to any cheese manufactory that is tainted or partly sour from want of proper care in keeping pails, strainers, or any vessel in which said milk is kept, clean and sweet, after being notified of such taint or carelessness; or any cheese manufacturer who shall knowingly use, or direct any of his employés to use, for his or their individual benefit, any cream from the milk brought to said cheese or butter manufacturers, without the consent of all the owners thereof, shall, for each and every offense, forfeit and pay a sum not less than $25 nor more than $100, with costs, to be recovered in a criminal action.

(2411). *Adulteration of cheese and milk.* That whosoever shall knowingly sell to any person or persons, or sell, deliver, or bring to be manufactured, to any cheese or butter manufactory in this state, any milk diluted with water or in any way adulterated, or milk from which any cream has been taken, or milk commonly known as "skimmed milk," or shall keep back any part of milk known as "strippings," with intent to defraud, or shall knowingly sell milk the product of a diseased animal or animals, or shall knowingly use any poisonous or deleterious material in the manufacture of cheese or butter, shall, upon conviction thereof, be fined in a sum not less than $25 nor more than $100, and liable in double the amount of damages to the person or persons, firm, association or corporation upon whom such fraud shall be committed.

(2412). *Unwholesome provisions.* If any person shall knowingly sell any kind of diseased, corrupt or unwholesome provisions, whether for meat or drink, without making the same fully known to the buyer, he shall be punished by imprisonment in the county jail not more than six months, or by fine not exceeding $100.

(2413). *Adulterating food or liquor.* If any person shall fraudulently adulterate, for the purpose of sale, any substance intended for food, or any wine, spirit, malt liquor, or other liquor intended for drinking, with any substance injurious to health, he shall be punished by imprisonment in the county jail not more than one year, or by fine not exceeding $300; and the article so adulterated shall be forfeited and destroyed.

(2414). *Adulterating drugs or medicines.* If any person shall fraudulently adulterate, for the purpose of sale, any drug or medicine, in such a manner as to render the

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same injurious to health, he shall be punished by imprisonment in the county jail not more than one year, or by fine not exceeding $300; and such adulterated drugs and medicines shall be forfeited and destroyed.

ADULTERATION OF FOOD AND DRUGS.

[Session Laws of 1889, ch. 29 — G. S. 1889, ¶¶ 2415-2419.]

SECTION 1. (2415). That no person shall within this state manufacture for sale, offer for sale, or sell, any drug or article of food which is adulterated, within the meaning of this act.

SEC. 2. (2416). The term "drug," as used in this act, shall include all medicines for internal or external use, antiseptics, disinfectants, and cosmetics. The term "food," as used herein, shall include all articles used for food or drink by man, whether simple, mixed, or compound.

SEC. 3. ¶(2417). An article shall be deemed to be adulterated, within the meaning of this act: *First*, In case of drugs, if, when sold under or by a name recognized in the United States Pharmacopœia, it differs from the standard of strength, quality or purity laid down therein. *Second*, If, when sold under or by a name not recognized in the United States Pharmacopœia or other standard work of *materia medica*, it differs materially from the standard of strength, quality or purity laid down in such work. *Third*, If its strength, quality or purity falls below the professed standard under which it is sold. In the case of food: *First*, If any substance or substances have been mixed with it so as to lower or depreciate or injuriously affect its quality, strength, or purity. *Second*, If any inferior or cheaper substance or substances have been substituted wholly or in part of it. *Third*, If any valuable or necessary constituent or ingredient has been wholly or in part abstracted from it. *Fourth*, If it is an imitation of or is sold under the name of another article. *Fifth*, If it consists wholly or in part of a diseased, decomposed, putrid, infected, tainted or rotten animal or vegetable substance or article, whether manufactured or not, or in the case of milk, if it is the produce of a diseased animal. *Sixth*, If it is colored, coated, polished, or powdered, whereby damage or inferiority is concealed, or if by any means it is made to appear better or of greater value than it really is. *Seventh*, If it contains any added substance or ingredient which is poisonous or injurious to health, or any deleterious substance not a necessary ingredient in its manufacture: *Provided*, That the provisions of this act shall not apply to mixtures or compounds recognized as ordinary articles of food, if the same be distinctly labeled as mixtures or compounds, and are not injurious to health, and contain no ingredients not necessary to the preparation of a genuine article of such mixtures or compounds, and from which no necessary ingredient in its preparation is eliminated.

SEC. 4. (2418). Every person manufacturing, offering or exposing for sale, or delivering to a purchaser, any drug or article included in the provisions of this act shall furnish to any person interested or demanding the same, who shall apply to him for the purpose, and shall tender him the value of the same, a sample sufficient for analysis, of any such drug or article of food which is in his possession.

SEC. 5. (2419). Whoever refuses to comply upon demand with the requirements of section 4, or whoever violates any of the provisions of this act, shall be guilty of a misdemeanor, and upon conviction shall be fined not exceeding $100 nor less than $25, or imprisonment not exceeding 100 days nor less than 30 days, or both. And any person found guilty of manufacturing, offering for sale or selling any adulterated article of food or drug under the provisions of this act shall be adjudged to pay, in addition to the penalties hereinbefore provided for, all necessary costs and expenses incurred in inspecting and analyzing such adulterated articles of which said person shall have been guilty of manufacturing, selling, or offering for sale.

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ADULTERATION OF VINEGAR.

[Session Laws of 1891, ch. 1.]

SECTION 1. Every person who manufactures for sale, or exposes for sale as cider vinegar, any vinegar not the product of pure apple juice, known as apple cider, or vinegar not made exclusively of apple cider, or vinegar into which any deleterious substances, drugs or acids have been introduced, shall for each offense be punished by a fine of not less than $50 nor more than $100.

SEC. 2. Every person who manufactures for sale, sells or offers for sale, any vinegar which contains any preparation of lead, copper, sulphuric acid or other ingredient injurious to health, shall for each such offense be punished by a fine of not less than $50 nor more than $100.

SEC. 3. The provisions of sections 1 and 2 shall apply to all preparations of vegetables, fruits, and other products, in which vinegar is one of the principal ingredients.

SEC. 4. Every person making or manufacturing cider vinegar shall brand on one head of the cask, barrel, or keg, containing such cider vinegar, the name and residence of the manufacturer and the words *cider vinegar;* and any person or manufacturer who brands any cask, barrel, keg or other vessel with the name of *cider vinegar*, which contains any liquid other than pure cider vinegar, shall upon conviction be fined not less than $50 nor more than $100 for each barrel, cask, keg or other vessel so branded.

DUTIES AND POWERS OF LOCAL BOARDS OF HEALTH.

The following instructions are published by the State Board of Health for the purpose of acquainting local boards with the nature and extent of their duties and authority, and to define their relation to the State Board, that there may be substantial uniformity in the administration of the health laws of the state. In every county of the state there exists a local board of health. The law reads:

The county commissioners of the several counties of this state shall act as local boards of health for their respective counties. Each local board, thus created, shall elect a physician, who shall be, *ex officio*, a member of the board, and the health officer of the same. . . .

It makes no difference as against this fact that, in some counties, no formal organization has thus far been effected, and no meeting of the board held. The responsibility, in case of disaster, is with them. It was not the intention to create local boards of health for a merely nominal existence; they have duties to perform.

The boards thus created are subordinate to the State Board, which has prepared rules for their guidance. Such rules should be formally adopted, and enacted by ordinance or otherwise; and it is the duty of each board to formulate and adopt such additional rules and regulations as may be necessary to meet special conditions. All rules must be duly published.

The following form of organization is suggested:

..... KANSAS,

..... 189....

The ..... COUNTY BOARD OF HEALTH is organized pursuant to, and for the purpose of carrying out, the provisions of the act of the legislature of

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the state of Kansas, approved March 7, 1885, creating a state and local boards of health.

The president of the board of county commissioners shall be president of the county board of health, and he shall perform the ordinary duties of a presiding officer.

Stated meetings of the board of health shall be held on the first Mondays of January, March, June, September and December of each year, and at such other times as the board may designate at any meeting thereof. Special meetings of the board of health may be convened at any time when needed for special duty, on the call of the secretary of the board. All meetings of the board of health shall be held in the official room of the county commissioners, unless otherwise ordered.

The health officer, who shall also be secretary and executive officer of the board of health, shall be elected annually, at the stated meeting on the first Monday in January.

It shall be the duty of the secretary to keep a record of the proceedings; conduct the correspondence, and to preserve all papers and things belonging to the board requiring preservation; to execute in .... county the provisions of the statute creating the state and local boards of health, the orders of the State Board of Health, and the regulations of the .... county board of health; to have supervision of the sanitary affairs of .... county, and to take such measures, without delay, as shall put and maintain the county in a good sanitary condition.

All rules of the State Board of Health in force, pertaining to the duties of the ..... county board of health, are hereby adopted as a part of the organic law of this board. ....M. D.,

Secretary and Health Officer.

While these instructions are addressed to county boards of health, they are likewise intended for the information and guidance, as far as practicable, of all local boards of health within the state, not excepting municipal boards. The secretary of a city board of health will be deemed the health officer of such board, and shall have the same relation to the county and state boards as other local health officers; that is, he will communicate the reports and information intended for the State Board through the county health officer, if there be one; if not, to the Secretary of the State Board, direct.

The proceedings of the board should be recorded separately from those of the board of county commissioners, in a record book provided for the purpose. In addition, there should be provided by the board a permanent record book, in the possession of the health officer, for recording the vital statistics of the county, and such other books and blanks, not supplied by the State Board, as that officer may require in the performance of his duties.

Great care should be taken in the selection of a health officer, for upon him will depend much of the success of the board.

The office should not be auctioned off, nor filled contingent upon service during epidemics only. This would be to invite disaster and failure. The position demands a high order of ability, unflagging industry, and the wisest discretion. The law provides that preference shall be given to adepts in sanitary science; and this provision, if adhered to, will generally insure the appointment of a good physician, who will command the respect and confidence

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of his professional brethren and fellow-citizens generally, without which he cannot succeed, no matter what degree of power and authority is given him. The coöperation of the people is a cardinal principle, and substantial progress in sanitation can be made only through the upbuilding of a public sentiment favorable to its success. This point is dwelt upon because of the injury that may be done the cause of public health through the appointment of inefficient or indifferent health officers, without zeal for their duties or discretion in the performance of them.

Every proper consideration demands that the health officer be liberally paid. It is for the interests of the people to secure the best advice, and it will ultimately prove the wisest economy.

As so much depends upon prompt action on the appearance of the first case of a communicable disease, and in order that no time may be lost, it is the duty of every board of health to make provision for prompt action by its health officer, authorizing and directing him to be prepared at all times, as executive officer of the board, to take certain action, without waiting for a meeting of the board, whenever a case of scarlet fever, diphtheria, smallpox, or other disease dangerous to the public health, occurs within its jurisdiction.

A summary statement of the duties of a county board of health would be, that it shall supervise the health interests of the county. In this respect its work is the same in its scope as that of the State Board. Both are members of the sanitary service of the state, which is a unit in organization and duties. This would include the inauguration and maintenance of such sanitary measures as should prevent the introduction and spread of infectious or contagious disease within the county, outside the jurisdiction of municipal boards, as by regulating the intercourse with infected places; the separation and treatment of persons who have been exposed to such diseases; the abatement of nuisances prejudicial or dangerous to public health; the marking of infected houses or places, and the publication, in the newspapers and otherwise, of the rules for disinfection, and other sanitary information. Such measures, resolutely enacted, will prevent where prevention is possible, or restrict to the narrowest possible limits where prevention is impossible.

But it will require the utmost vigilance and promptitude, in connection with the maintenance of a continuous health service. The Board should possess the earliest possible information of a dangerous disease within its jurisdiction, so that all measures for the protection of the people may be put in instant, effective operation. Where such disease meets with no organization to oppose its progress, the most precious time is lost in preparation, until that which, by promptitude, could easily have been controlled at its first appearance has, by neglect, spread into a costly and fatal epidemic.

In these days of extensive traveling and free and rapid intercommunication, no locality or community is free from danger. Nor is it alone to guard against contagion from abroad that boards of health are called into existence. Our enemies are sometimes of our own household. To preserve the

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[illegible] duty of the [illegible] from publishing the names of those [illegible] a penalty for the proper disposition of the carriage and clothing of those whose disease has been a contagious character. To prevent the unreliable and [illegible] of local practice and bias as to what is to be done in each locality upon a physician's return of death or illness, and that the official records shall contain a full and uniform statement as to the nature, duration and termination of every case—these and other similar duties in the interests of the health, happiness and material progress of our people, to a satisfactory performance only in cases of death, will sometimes vindicate the wisdom of their creation and seek their right to continuous existence and support.

For the more specific duties of these and other duties of the board reference may be had to the rules adopted by the State Board, instructions to health officers and the health laws of the state.

As to the powers of sanitary boards it may be stated that all the power conferred by the law rests with them as they believe, the execution and enforcement of the health laws of the state.

As far as the extent of this power is concerned it is believed that a liberal construction of the law, having in mind the obvious intent and purpose of its framers will provide sufficiency for all reasonable requirements. Courts of law, mindful of the importance of the interests confided to boards of health, have ever been liberal in the construction of the laws under which they work. It is only required that their power shall be used solely and impartially in the interests of the public health, and not for any private purposes or ends; and when so used, whatever the local boards find it needful to be done, either in the enforcement of statutory provisions, the rules of the State Board, or their own orders and ordinances founded thereon and duly published, they have the power to do.

But while all needful sanitary regulations should be enforced resolutely and with firmness, at the same time, health boards should carefully avoid unnecessary exercise and investigations. In a state like our own, where the needs of communities vary, from those of a pioneer settlement, in which there is little need for the exercise of extraordinary powers, to the more crowded centers of life and activity, where there is a constant demand for sanitary oversight and vigilance, there is room for the wisest discretion in this respect. The county attorney is the officer charged with the prosecution of all cases arising under the health laws of the state. He should be freely consulted in all cases of violation of the law and rules of the Board, and his aid solicited in compelling a compliance therewith.

The State Board of Health, while instructing and coördinating the work of the local boards, will gladly coöperate with and aid them, all in its power, by advice in emergencies; by personal visits of its officers or by a committee, whenever such visits are actually necessary; by the free distribution of blanks and circulars as to the management and control of contagious diseases; and

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by answering, as fully as possible, all communications addressed to it by such boards at any time. To the end that such coöperation shall be of the greatest benefit, the fullest communication with all local boards is cordially invited; such communications to be by wire, in case of an outbreak of dangerous disease, or other serious emergency.

INSTRUCTIONS AND SUGGESTIONS TO HEALTH OFFICERS.

It is required by law, under certain prescribed penalties, that upon the appointment of a health officer he shall report the fact, with his post-office address, to the State Board of Health, and that he shall thereafter perform such duties as his local board or the State Board may require of him. Among these duties is the prompt distribution of all forms from the State Board to the rightful persons, and the transmittal of returns from physicians, assessors and other local boards (including those existing by municipal regulation) to the State Board; the transmittal to the State Board of copies of the reports and publications of his board, and such sanitary information as may be useful to the people of the state.

The law constitutes him the medium of communication between all local boards of health (including those existing by municipal regulation) within his county and the State Board of Health.

The health officer is a member of the board of health of his county, by virtue of his office. He should, also, be its secretary, sanitary adviser, and executive officer. His powers, when not expressly stated in the statute, are only such as are conferred by his board. They should, therefore, be fully and clearly defined by resolutions or orders. He should be duly empowered to act in emergencies, as has been heretofore suggested.

As the sanitary adviser of his board, he will have influence in determining the action of the board in proportion to his knowledge of sanitary science and his honest effort for the promotion of the public health. He should make himself thoroughly acquainted with the health laws of the state and rules of his board and of the State Board of Health. With this knowledge, if he be a trained physician, he will be equipped for service.

It would be difficult to enumerate, specifically, all the duties of a health officer; they are not all comprehended in the statutes. There are many duties which become apparent only under certain contingent, and often unlooked-for, circumstances. The chief duties of the position are outlined in the rules adopted by the State Board and repeated in these pages. He should, without delay, by circular letter or otherwise, put himself in communication with the physicians and others from whom he must receive reports, acquainting them with what is required. In case of neglect or failure on their part to conform to the requirements, he should, after due and reasonable warning, proceed against them, taking previous counsel of his board and the county attorney. This duty requires resolution and good judgment. He should avoid undue exactions, but once assured of his position, he should be firm and unflinch-

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[illegible] regardless of the disturbance of his professional pretensions. Unless he pursues it should not neglect it nor accept the position.

It is possible that physicians are accepting under a misapprehension as to their duties and obligations in the premises. It is true the provisions of the law are crude and elementary, avoiding detailed regulation, contemplating large executive power yet making few provisions for their exercise. But, assuming as must that the objects of the statute are within the authority of the State to pursue, [illegible] as a whole are sufficiently manifest, and its obligations sufficient for the public good as to warrant a ready and cordial compliance on the part of every self-respecting physician, the duties of whose profession it is an obligation, the adoption of every measure tending to that end.

The health officer should be a leader of public sentiment in his county, in matters pertaining to sanitation. It devolves upon him to arouse and build up a sustained public interest in such work. This he may attempt in various ways. Let an organization be formed in each community for the diffusion of sanitary knowledge, to study the art of hygiene as available for increasing the comfortableness of homes and improving the sanitary condition of their town, through the proper disposition of garbage, excreta and other waste products. Let the newspapers ever eager for the public good be enlisted in the work, and publish all appropriate literature, information and rules upon health subjects. Let the clergy, too, and the lawyers be called upon, and the interest of the people in sanitary measures be sometimes invited by a sanitary convention, or popular conference, upon public health subjects, in which the people generally, and not physicians or professional men exclusively, shall be heard.

Having thus established an intelligent and responsive interest among the people, there will be little need for arbitrary measures. They will not only tolerate, but [illegible] approve his work. Without this interest, even with the most complete power, progress will be slow and unsatisfactory.

He will meet with discouragements. There will be communities where [illegible] sentiment is not up to the point of appreciating his labors. The people will be indifferent or apathetic—sometimes antagonistic, affording an opportunity for the exercise of tact and good judgment.

He should be diligent in devising and executing measures for obtaining accurate information touching the sanitary conditions and health of the people, not alone in his immediate community, but throughout all parts of the county, including the most remote and least accessible; and should rigidly note if infection or contagious disease has attacked neighboring counties, and take measures accordingly. Upon his judicious activity, intelligence and discernment rest, in a large measure, the future comfort and prosperity of his fellow-citizens and their families.

It will be his duty to record the vital statistics of the county, and compel the registration of physicians and midwives, as far as possible.

He should study and record the conditions coincident with the rise, prog-

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ress and decline of each outbreak of epidemic occurring in his county, and report the same promptly, by wire if necessary, to the State Board. He should be able to report some fact connected with every such occurrence which will be of use in advancing the cause of public health.

The reports of the health officer are a part of the records of the State Board, to be kept for future reference and comparison with future conditions which will arise respecting their localities. This fact should stimulate him to contribute all that is possible to be obtained upon the subjects presented.

To recapitulate: The following are suggested as the health officer's most important duties, viz.:

To order the prompt and thorough isolation of those sick or infected with contagious disease, so long as there is danger of their communicating the disease to other persons. The keynote of safety in such cases is the immediate, thorough and continued separation of the sick from the well.

To order the prompt vaccination, or isolation, or both, of persons who have been exposed to smallpox.

To see that no person suffers for lack of nurses, or other necessaries, because of isolation for the public good.

To give public notice of infected places, by newspaper notice and placard on the premises, and otherwise if necessary; and to disseminate the rules for disinfection, etc.

To promptly notify teachers or superintendents of schools concerning families in which are contagious diseases; to exercise especial hygienic supervision over the schools and schoolhouses within his jurisdiction.

To supervise funerals of persons dead from scarlet fever, diphtheria, smallpox, or other communicable disease which endangers the public health.

To determine what shall be considered nuisances prejudicial to health, and take measures for their abatement or removal.

To be vigilant as to violations of the law governing the sale or exposure for sale of adulterated or unwholesome articles, intended for food or medicine; adulterated or watered milk should especially receive his attention.

To investigate the condition of buildings with reference to means of escape in case of fire, and to report such as are found unsafe.

To notify parties liable to suffer in health from impure water, the source of which is near cesspools or privies, or other accumulation of filth, or is polluted by sewage or other contaminations, and to make preliminary tests of such water when necessary.

To collect, tabulate and transmit to the State Board of Health, as may be required, the various reports and returns as to the births, deaths, marriages, registration of physicians, and sanitary conditions pertaining to his county.

In the performance of these various duties, valuable suggestions will be afforded by an examination of the rules adopted by the State Board and the health laws of the state. It is expected that he will fully communicate with the Board as to questions that may arise in connection with the performance

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of his duties, especially as to what measures he has inaugurated in the interests of public health, the nuisances abated, etc.

DISINFECTION.

The object of *disinfection* is to prevent the extension of infectious diseases, by destroying the specific infectious material which gives rise to them. This is accomplished by the use of *disinfectants*.

There can be no partial disinfection of such material; either its infecting power is destroyed or it is not. In the latter case there is a failure to disinfect. Nor can there be any disinfection in the absence of infectious material.

It has been proved for several kinds of infectious material, that their specific infecting power is due to the presence of living micro-organisms, known in a general way as "disease germs;" and practical sanitation is now based upon the belief that the infecting agents in all kinds of infectious material are of this nature. Disinfection, therefore, consists essentially in the destruction of disease germs.

Popularly, the term "disinfection" is used in a much broader sense. Any chemical agent which destroys or masks bad odors, or which arrests putrefactive decomposition, is spoken of as a disinfectant. And in the absence of any infectious disease, it is common to speak of disinfecting a foul cesspool, or bad-smelling stable, or privy vault.

This popular use of the term has led to much misapprehension, and the agents which have been found to destroy bad odors (*deodorizers*), or to arrest putrefactive decomposition (*antiseptics*), have been confidently recommended and extensively used for the destruction of disease germs in the excreta of patients with cholera, typhoid fever, etc.

The injurious consequences which are likely to result from such misapprehension and misuse of the word "disinfectant" will be appreciated when it is known that recent researches have demonstrated that many of the agents which have been found useful as deodorizers or as antiseptics are entirely without value for the destruction of disease germs.

This is true, for example, as regards the sulphate of iron, or copperas, a salt which is extensively used with the idea that it is a valuable disinfectant. As a matter of fact, sulphate of iron, in saturated solution, does not destroy the vitality of disease germs, or the infecting power of material containing them. This salt is, nevertheless, a very valuable antiseptic, and its low price makes it one of the most available agents for the arrest of putrefactive decomposition in privy vaults, etc.

Antiseptic agents also exercise a restraining influence upon the development of disease germs, and their use during epidemics is to be recommended, when masses of organic material in the vicinity of human habitations cannot be completely destroyed, removed, or disinfected.

While an antiseptic agent is not necessarily a disinfectant, all disinfectants are antiseptics; for putrefactive decomposition is due to the development of germs of the same class as that to which disease germs belong, and the agents

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which destroy the latter also destroy the bacteria of putrefaction, or restrain their development, when brought in contact with them in sufficient quantity.

A large number of the proprietary disinfectants, so-called, are simply deodorizers or antiseptics, of greater or less value, and entirely untrustworthy for disinfecting purposes.

Antiseptics are to be used at all times when it is impracticable to remove filth from the vicinity of human habitations, but they are a poor substitute for cleanliness.

During the prevalence of epidemic diseases, such as yellow fever, typhoid fever, and cholera, it is better to use, in privy vaults, cesspools, etc., those antiseptics which are also disinfectants—*i. e.*, germicides; and when the contents of such receptacles are known to be infected, this becomes imperative.

FORMULAS.

The following disinfectants, antiseptics and deodorizers are recommended:

For general use: Sunlight, fresh air, soap and water, thorough cleanliness.

For sink pipes and water-closets, privies, ash pits, cesspools, drains, vessels used for discharges from kidneys and bowels, and other offensive articles and places:

No. 1.

Sulphate of iron (copperas, green vitriol)..... 2 lbs.
Rain water..... 1 gal.
Mix. Write: Use freely.

When much is wanted, dissolve 60 pounds of copperas in one barrel of water.

For free and general use in privy vaults, sewers, sink drains, refuse heaps, stables, and wherever else the odor of the disinfectant is not objectionable, the following is one of the most effective and cheapest disinfectants and germicides:

No. 2.

Chloride of lime (bleaching powder)..... 1 lb.
Water..... 4 gals.
Mix.

Cost, 5 cents, or about 50 cents per barrel.

This is so cheap that it may be used with great freedom. A quart or more per day may be used in an offensive vault or other place, according to circumstances. It may be used freely with a sprinkler as required. In the sick room it may be used in vessels, cuspidors, etc. Sheets and other clothing used by the patient may be immersed in this solution, diluted (1 gallon of solution to 10 of water), for two hours, or until ready for the wash room or laundry. It is nonpoisonous, and does not injure clothing.

In the laboratory experiments recently made at the Johns Hopkins University, under the authority of the American Public Health Association, this solution was found to be rapid in its action, readily destroying germs which possess the greatest tenacity of life (*Bacillus subtilis* and *B. anthracis*), as well as their spores.

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For articles of clothing, bedding, etc., used about the sick room, this is perhaps the most valuable and reliable disinfectant in use:

No. 3.

Sulphate of zinc, white vitriol	2 oz.
Crude carbolic acid	2 oz.
Warm rain water	3 gals.

Mix.

No. 4.

Sulphate of zinc, white vitriol	5 oz.
Chloride of sodium, common salt	1 oz.
Rain water	1 gal.

Mix.

Throw all articles of body linen, sheets, etc., at once into any of these solutions, and afterward boil in clear water. In malignant cases, such articles should be boiled in one of the solutions diluted with an equal quantity of water. They may be used freely in the sick room. They do not stain. Towels may be wet with them, and hung in the room; or a sheet kept constantly wet with one of them may be hung across the entrance hall or door. Nurses and attendants should occasionally wash their hands in one of these solutions.

To wash furniture and fixtures of an infected room, and to bathe the hands of attendants:

No. 5.

Chloride of zinc	4 oz.
Rain water	1 pint.

Write: Two tablespoonfuls of this to a pint of water.

No. 6.

Bichloride of mercury (corrosive sublimate)	1 oz.
Chloride of sodium (common salt)	3 oz.
Rain water	1 gal.
Aniline (green)	1 gr.

Mix.

The *color* will readily show it to be *poisonous*. For ordinary purposes, *one drachm* of the corrosive sublimate to the gallon may be used.

No. 7—Thymol Water.

Made by adding one tablespoonful spirits of thymol to half a gallon of water. Spirits of thymol is composed of—

Thymol	1 oz.
Alcohol, 85 per cent.	3 oz.

May be used for all the disinfectant purposes of carbolic acid. In this strength it is quite as efficient, and has an agreeable odor.

The following additional means for disinfection are suggested:

HEAT. - Destruction by burning.
Steam under pressure (230° Fah.), 10 minutes.
Boiling in water not less than one-half hour.
Dry heat, oven or furnace (230° Fah.), two hours.

Additional means for correcting bad odors:

Lime, plaster, charcoal, dry earth, sifted ashes.

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ADMINISTRATION OF THE HEALTH SERVICE.

ALLEN COUNTY.

The commissioners have so far failed to organize as a county board of health, notwithstanding our repeated requests. However, there is now some prospect of favorable action on their part, one of their members recently elected, Hon. E. D. Lacey of Moran, having expressed himself as desirous of organizing the board. He has promised to make an effort to organize at the next meeting of the commissioners.

Complaint has been made by the health officer of Neosho county, Dr. Geo. H. Brown, that the nonexistence of a board of health in Allen county has led to some annoyance and confusion among those physicians who practice in both counties. Not being required to report in Allen county, they naturally infer their release from any obligation to report to Neosho county.

We have again brought the delinquency of Allen and other counties to the attention of the attorney general, in a communication as follows:

Hon. Jno. T. Little, Attorney General: MAY 4, 1893.

SIR—I am directed by the State Board of Health to request that proceedings be instituted without unnecessary delay to compel the organization of county boards of health in the counties of Allen, Doniphan, and Trego. These are the only remaining delinquent counties at this time, and they have been delinquent for many years. Doniphan county has never complied with the law. We are unable to collect the vital statistics of these counties, because the law provides that reports of death shall be made to the local boards of health where the same occur. The necessity for registering deaths has never been more pressing than at this time, and the fact that the physicians of three counties are enabled to avoid or escape the burden of reporting has occasioned much complaint, and threatens to disorganize the public-health service.

We submit the following complaint from Humboldt, addressed to Dr. P. Daugherty, of this Board:

SIR—We, the undersigned citizens of Humboldt, Kas., forward for your consideration, as a member of the Board of Health, the following statement:

This town has a population of about 1,600. It has no corporation or city officers.

Some cattle men have been feeding cattle and hogs in a barn and lot adjoining barn for three or four months past. Three or four cattle have died in the barn, and were left there for the hogs to eat. The stench from the carcasses, partly consumed by the hogs, was not pleasant to people living near. Said barn is one block from main street, and surrounded on three sides by private residences.

Some of the lots and alleys in rear of business houses are in a filthy condition. Also hear from a reliable source that a feeder here, whose hogs are dying with cholera, is putting them in the Neosho river. Yours respectfully,

S. H. PARISH.
L. W. HOWARD.
J. W. HOWARD.
JOHN HERFURTH.

We submitted copies of the complaint to the mayor of Humboldt and Hon. E. D. Lacey, county commissioner, receiving a reply from the latter, stating the complaint would be brought before the county board at its next meeting.

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ANDERSON COUNTY. Dr. J. A. HENNING, Garnett.

There is a general apathy among our physicians as to making reports, but we propose to move on in kindness and persuasion first, and by law if we must. I propose to do my duty.

BROWN COUNTY. Dr. S. M. PRATT, Hiawatha.

The city council of Horton has requested the mayor to appoint a committee of physicians to form an ordinance covering the sanitary needs of the city. Accordingly, Doctors Ralston, Stivers, and Hackedorn, of Horton, have been appointed. We have afforded them all the assistance in our power. It is understood a city board of health will be appointed.

CHASE COUNTY. Dr. F. T. JOHNSON, Cottonwood Falls.

The doctor makes the following observation upon being superseded in office: "Our commissioners, instead of raising the salary, reduced it to $25 per annum, and I resigned. I wanted $50 for the office work and extra pay for outside work, per diem and mileage." We thank the doctor for declining to undertake the burdens of the office for the paltry sum of $25 per annum.

COFFEY COUNTY. Dr. J. L. JONES, Le Roy.

Doctor Jones reports that, acting upon our communication, the county board resolved "to begin where they had left off," and thereupon had restored the health officer to the full exercise of his authority under the law.

COWLEY COUNTY. Dr. GEO. EMERSON, Winfield.

About the beginning of the quarter we inquired if the physicians were reporting, and stated that we had notified the attorney general of the refusal of the county attorney to prosecute delinquents. We added: Have you submitted a case to the county attorney for prosecution? Of course this will be required of you. We should avoid a repetition of such a report of deaths as was made last year.

To this Doctor Emerson replied as follows: "I submitted your recent letter to the county attorney and he says he will prosecute a case at once. I think, however, he will not do so, because he knows, as you know, that he cannot make a conviction." We took occasion to promptly resent the doctor's imputation, so far as we were concerned, and reiterated our belief that a conviction could be brought about upon competent testimony. We again urged him to prepare a case for the county attorney, and that he should throw no obstacles in the way of that official.

May 16, we addressed the doctor, inquiring why the physicians were not reporting; that we had been expecting some action from him to compel them to do so. The doctor replied as follows:

MAY 20, 1893.

Your card, asking why the physicians of this county did not report, has been received. I have presented the matter to every county attorney since I have been health officer, and they all (after looking up the matter) decided that prosecution was useless. I made up a case for the present county attorney, and he promised to take action, but afterward concluded not to do so. The physicians all understand this, and therefore are neglectful. The reason why they think a case cannot be made is,

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that the legislature had no power to delegate to another body (the State Board of Health) authority to make laws or pass rules that would be binding, and especially could not fix a penalty for not obeying those rules. The county commissioners do not favor the expense of useless litigation.

Thereupon, we addressed the attorney general on the subject, as follows:

Hon. John T. Little, Attorney General: MAY 24, 1893.

SIR — I have the honor to inclose herewith, by direction of the State Board of Health, a communication from Dr. Geo. Emerson, health officer of Cowley county, in response to our request that he insist upon the physicians of his county reporting to him the deaths occurring in their practice, as required by section 6034, General Statutes of Kansas, 1889, and the rules of this Board founded thereon — copy inclosed.

The delinquency of Cowley county in this respect is not a recent matter, but has existed for a considerable time; the excuse of the health officer has always been substantially as given in his communication herewith. On the 18th of February last, we had the honor to refer this subject to you, with the request that the county attorney be compelled to perform his duty under the law. We submit it was not contemplated by the law that a county attorney shall be a court of last resort in cases of this kind, nor has it been attempted in any other county, so far as we are informed. It was left for the county attorney of Cowley county to discover and pronounce upon this alleged deficiency in the law. If it be true that the law is defective, let it be ascertained in the ordinary way — by the highest court in the state. We do not believe there exists a reasonable doubt as to its validity. Under the circumstances, the public-health service of Cowley county is seriously crippled, and at a time when it should be at its best. Therefore we invoke your assistance.

HARVEY COUNTY. Dr. GEO. D. BENNETT, Newton.

The following timely advice from the health officer appeared in the Newton *Daily Kansan* of June 19, 1893:

Dr. G. D. Bennett, the county health officer, says all the ice that was gathered from our local streams last winter is filled with impurities; that those who put it in water or other drinks are in danger of contracting typhoid or other low fevers, and that the only ice that should be used in this way is the manufactured, or crystal ice. He also says that the water furnished by the water company, as well as that drawn from a majority of the wells, is filled with impurities, and that those who are desirous of preserving their health should not use it without boiling it, which destroys the germs of disease. If you wish to cool it with ice after boiling, use only crystal ice. The excessive dry and hot weather is productive of disease, and if you add to it impure water, cooled with impure ice, you need not be surprised if you become seriously ill, or are even attacked by cholera.

Complaint has been made of the condition of a slaughterhouse near the city of Newton, in the following petition and communication, under dates of June 14 and 19 respectively, viz.:

To the Members of the State Board of Health:

We, as citizens of Newton, Kas., come praying that you will aid us in the removal of a nuisance, a slaughterhouse.

The men have worked the officers of the city and county for all they are worth, and we can't get them to do anything. And now we appeal to you for aid.

We pray you will not consign our petition to the waste basket without due consideration for the long-suffering of the women of the neighborhood. We built our

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houses with the expectation of the slaughterhouse being removed, as all of the others had been. We feel like five years is long enough to bear such a nuisance.

We will hope to hear of some good result soon.

Referred to the health officer for investigation and report.

HARPER COUNTY. Dr. C. E. BOWERS, Anthony.

The following complaint from inmates of the county jail, at Anthony, received, under date of June 16:

GENTLEMEN: We have been trying to get the county officials to clean and disinfect the jail here in Anthony, but they do not pay any attention to what we say. We have very little air, and the sewerage is very poor. For the last two weeks we have not had enough water to wash a piece of paper out of the water-closet, and there is a terrible smell all the time.

I have been sick two-thirds of my time since I have been here, and we ask you as gentlemen to please examine this jail, and I know you will have it remedied at once, as none of us are in for anything very serious—selling whisky is about the worst charge; and we ask of you as health commissioners to send somebody to look into this matter at once, as none of us care about catching the cholera, or any other disease that might be caught by bad air.

Referred to Doctor Bowers for investigation and report.

JEFFERSON COUNTY.

So far as I have been informed, the towns are making a creditable showing in the way of cleaning up. The health of the county is good.

OSAGE COUNTY.

There was a mad-dog scare in the southern part of the county. One party bitten desires to take the Pasteur treatment, etc.

RILEY COUNTY.

The towns of the county are in excellent condition, and everybody seems to take a pride in cleaning up.

SEDGWICK COUNTY. Dr. P. D. ST. JOHN, Wichita.

Doctor St. John reports as follows:

Doctor Webber, of Greenwich, advised me there were several cases of scarlet fever in Kechi township under his care; that he had had the school closed. There was some complaint that he had overstepped his authority in the matter, and he wrote for instructions. I found four cases of scarlet fever, with severe throat complications, in one family: the oldest, a young lady, the teacher of the school. I gave the doctor the written instructions of the board: To keep the school closed till all danger of infection should be past, and, in case of death, to forbid a public funeral. We are having a good many cases of scarlet fever in this city, but the number is lessening.

GEARY COUNTY. Dr. GEO. E. HARVEY, Junction City.

During the last year there have been several deaths at Fort Riley, of which no report has been made to me. What should be done about it?

Repled: That the state has ceded jurisdiction to the United States over the military reservation of Fort Riley, and we have no authority to demand returns of deaths occurring thereon.

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MARSHALL COUNTY. Dr. E. L. WILLSON, Marysville.

I have hopes of advancing the cause of public health in this county. I have notified physicians and undertakers, through the county official paper, that, unless the law was duly complied with, legal proceedings would be commenced immediately. Many have already complied, and there seems to be a general awakening; however, some physicians have positively refused to make returns, although I have visited them personally. I shall proceed against such persons immediately. . . . I have succeeded in receiving reports from all the physicians in the county except four. One of the delinquents claims the law is unconstitutional.

The greatest source of annoyance is the extensive practice of midwives. They are very numerous and only a few report. Not one, to my knowledge, holds any kind of diploma or certificate or possesses any obstetrical skill. Is there any way of suppressing these people?

The citizens of Marysville have complained to me of the condition of the railroad stock yards, and request their removal beyond the city limits. I referred the matter to the city council, and, with the local board of health, visited the yards, finding them in very bad condition. The railroad company promises to clean them and maintain them in good condition, but threatens, to remove them entirely if compelled to remove them outside the city limits. Please advise me in this matter.

In reply, we urged that he proceed against the delinquent physicians. The irregular practice of midwives may be suppressed if resolutely undertaken. Should call upon them to register. The medical-practice act is as applicable to midwives as to physicians, the obstetric art being a department of medicine, but they have been leniently dealt with because of the necessities of the case. It is often impossible to procure the services of a physician in proper time.

As to the stock yards: If the mayor and council will not act, being controlled by commercial considerations, we would not advise you to interfere. The necessary power is with them; but evidently the railroad company holds the key to the situation. It is entirely practicable to maintain the stock yards without menacing the public health, but at least they should be removed from compact centers of population.

McPHERSON COUNTY. Dr. J. E. ROUZE, McPherson.

I think we are getting about all the births and deaths. All our undertakers but one are located from one to three miles from the county line, and do a considerable business with adjoining counties, and I suspect send many reports to me that ought to go elsewhere. I am making a special effort to correct this, and hope to succeed.

When physicians are delinquent, as shown by the undertakers' returns, I cite the case to the county attorney, giving name of deceased. He communicates with the physician, and the report always comes. We are rapidly reducing the work to as good a system as other counties maintain, and will not stop short of perfection, as near as may be attained in that class of work.

NEMAHA COUNTY. Dr. I. H. MAGILL, Corning.

I think the profession will report better in future. There are several who report only once in three or four months. I have corresponded with all the physicians in the county, and nearly all promise they will report. I will meet the commissioners next weeek and see in regard to the enforcement of reports.

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POTTAWATOMIE COUNTY. Dr. T. R. Cave, Westmoreland.

You will see by the report there is no interest taken by the physicians, or any other person, in reporting or anything else connected with the public-health service.

SMITH COUNTY. Dr. B. W. Slagle, Smith Centre.

I think the physicians and midwives will all report better this quarter; in fact, they are now doing so, and promise to continue.

SCOTT COUNTY. Dr. George Finkenbinder, Friend.

The chairman of the county board, Hon. J. W. Corder, of Painter, wrote us, in March last, in explanation of the action of the board in discharging the county health officer, that the county was sparsely settled and was heavily in debt, and, being settled by a cleanly and very intelligent people, they thought it needless expense; that 9 out of 10 of the people were against continuing the office.

We replied that the law required that the county board of health be organized, and there was no escape therefrom. We doubted if the people would really begrudge the small sum paid the health officer. We suggested that, while the county would scarcely be in great danger under ordinary circumstances, there usually occurred during the prevalence of epidemic disease an exodus from the more populous places to interior points; and, that it would be a grave responsibility, in our judgment, to defer organizing the health board until danger should be actually present.

The board thereupon elected Dr. George Finkenbinder, of Friend, as health officer.

From information since received, there would appear to be some question as to the eligibility of Doctor Finkenbinder for the office, but in the absence of formal complaint on this score, the matter has not been pressed.

SMITH COUNTY.

I commenced last week visiting the towns of the county and will finish this week. Have aroused the people and they are enthusiastic in the work of cleaning up.—B. W. Slagle, M. D.

SEDGWICK COUNTY. Dr. P. D. St. John, Wichita.

The report is as unsatisfactory to me as doubtless it will be to you. Several of our prominent physicians came to me and promised to have their reports ready, but they have not come in on time for my quarterly report. I want reports from all the doctors, and am ready to act now. The county attorney is ready to act with me, but there are some who do not wish to be compromised.

We have a good mayor and a good president of the police commissioners; if now a good local board of health would be appointed, efficient sanitary work could be done.

We replied to the doctor, under date of April 18, 1893, that in the judgment of the Board there was no valid reason for further delay in dealing with delinquent physicians. Out of 85 physicians, only 55 report, according to his quarterly. There were special reasons at this time why every death should be reported; accordingly it was the request of the Board that he take prompt action.

To this the doctor made answer, that he had given the names of several

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delinquents, as appeared from the undertakers' returns, to the county attorney. It is now stated that the undertakers have signed, in some cases, the names of physicians to death certificates when, in fact, the cases had not been treated at all by the physicians named.

WYANDOTTE COUNTY. Dr. H. M. DOWNS, Kansas City, Kas.

Complaints of the Armour packing house, at Kansas City, have been made to J. F. Todd, commissioner of labor, and referred to us by the governor. The following communications on the subject are submitted:

JUNE 6, 1893.

Hon. L. D. Lewelling, Governor of Kansas: Complaints regarding the sanitary condition of the Armour packing house, located and doing business in Kansas City, have reached this department. A copy of one of these complaints, transmitted through the mails to this bureau, is hereunto attached, and is as follows:

KANSAS CITY, KAS., May 31, 1893.

J. F. Todd, Labor Commissioner, Topeka: Could you find time to come here sometime before you make your annual report and go over the packing houses located at this place? I would like to see a factory-inspection law passed at the next session of the legislature, and if you could see the places where some human beings work you would have no hesitancy in recommending such a law, which would help us in getting it passed. If you would let us know when you can come, I would be pleased to show you around. I work at Armour's, and am pretty well acquainted with the house, and can show places where the owners would not let their dog stay, yet human beings, male and female, work day after day for just enough to exist on. Yours for humanity, WM. H. GRAY.

According to section four (4) of the act of March 12, 1885, it is the duty of this department to make immediate investigation of the charges of the facts above alleged, and in so doing would respectfully ask that you notify the health board of Kansas City to coöperate with me in the above investigation on the 16th instant.

Respectfully submitted. J. F. TODD, *Labor Commissioner.*

LETTER FROM THE GOVERNOR.

JUNE 8, 1893.

Dr. M. O'Brien, Secretary Board of Health: I hand you herewith a communication received at this office from J. F. Todd, commissioner of labor, relative to the sanitary condition at present existing in the packing houses at Kansas City. If practicable, I would suggest that you accompany Mr. Todd in person to investigate the sanitary condition of these institutions. If you cannot go in person, you might request the member of your Board resident at Kansas City to go in your stead.

It is not desired to cast any unjust reflection upon the management of these industries, but you will no doubt agree with me that it is especially important this year to exercise a most careful supervision over such institutions as employ large numbers of persons.

I have asked Mr. Todd to confer with you in reference to any future action in this direction. Yours very respectfully, L. D. LEWELLING.

We replied that we would accompany the labor commissioner on his visit of inspection at the time stated. Meanwhile, as Kansas City maintains no board of health, we communicated with Dr. E. Swarts, a member of this Board, requesting that he give the complaint a cursory examination. He replied promptly that he considered the complaint well grounded.

WASHINGTON COUNTY. Dr. J. H. GREEN, Washington.

A board of health has been organized in the city of Hanover. The rules and other publications of the board have been transmitted to the mayor.

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The following circular has been issued:

WASHINGTON, KAS., April 12, 1893.

At a meeting of the State Board of Health, held in the city of Topeka on the 9th of March, 1893, the following resolutions were unanimously adopted:

Resolved, That rule 25 of the rules of this Board be and the same is hereby amended to read as follows:

RULE 25. All births and deaths occurring in the practice of physicians shall be reported to the local board of health where the same occur, within 10 days after the expiration of the month in which they occur, in the manner indicated by the blank forms prepared by this Board from time to time, and distributed through the county health officers: *Provided*, That deaths occurring from infectious or contagious diseases shall be reported as above prescribed within 24 hours after their occurrence.

Resolved, That the said rule 25, as thus amended, is hereby adopted as the rule of this Board prescribing the time and the manner in which such reports are required to be made under section 6034, General Statutes of 1889, and the same shall be effective from and after its publication in the official state paper. The Secretary of this Board shall have the rule printed and distributed to the health officers, with such explanatory information respecting its application to the administration of the public-health service as he may deem necessary.

In compliance with instructions given by the State Board of Health, the above rule 25 and resolution following is sent you for your information and guidance. Prosecutions for violation of the above amended rule 25 will, according to instructions received from the State Board of Health, be instituted within 60 days from date of death. Please acknowledge receipt of this circular without delay on inclosed postal card. Keep this for future reference. J. H. GREEN, M. D.,

Secretary of County Board of Health and County Health Officer.

WOODSON COUNTY. Dr. S. J. BACON, Yates Center.

In reply to our inquiry as to whether he was receiving reports, the doctor wrote as follows:

In regard to the physicians reporting to me, I will say that there are very few in the county now who are failing to make reports, and those are already reported—Doctor Slavens, of Neosho Falls, and Doctor Lawrence, of the same place. I have been talking with the physicians of this place, and they agree to report hereafter. Last year, when the state of Texas quarantined, parties unprovided with certificates were stopped at the state line. If blank forms for such certificates are issued by the State Board, please send me some, for use in such emergency.

Replied: There was no such form, and that he might improvise a form to suit the purpose, should the emergency arise.

WABAUNSEE COUNTY. Dr. E. SCHEIDT, Alma.

I have received about all the reports—twice as many as in the first quarter of last year. At the same time, all the physicians think it only a useless trouble, and all that they do is done with reluctance.

The health officer is to be commended for his diligence and earnestness. We are satisfied that he has faithfully striven to do his duty. He has issued the following circular:

OFFICE OF COUNTY HEALTH OFFICER,
ALMA, KAS., November 29, 1892.

To all Persons who are Illegally Practicing Medicine or Midwifery in Wabaunsee County, Kansas:

You are hereby notified that you must comply with the provisions of law, by registering as physicians and midwives with the county clerk of said county, and fully comply with the provisions of the sections of law herein copied (in condensed form and for a warning):

The Session Laws of 1885, section 9, chapter 129, (Gen. Stat. of 1889, ¶¶ 6026-

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6037,) says that every physician must keep a record of deaths and report the same to the board of health, and any failure to do so will subject said physician to a fine of $10 for each and every offense.

The laws of the State Board of Health require reports of births and marriages, as well as deaths, to the county health officer in the county wherein same occur, and fix a penalty of $10 for failure to report for each and every case.

Section 1 of chapter 68 of the Session Laws of 1870 says who shall practice medicine in the state of Kansas, and section 2 provides a penalty, to be not less than $50 nor more than $100, for each and every violation of said law.

You will at once make your reports of births and deaths at the end of each month, and transmit, without delay, to the county health officer.

Every physician and midwife practicing in the state shall register, with the county clerk of the county in which he or she resides and desires to continue practice. his or her name, age, residence, number of years in practice, school from which graduated, date of graduation, and school of practice.

A circular, dated November 15, from the State Board of Health, urges me to enforce the laws above copied, and to bring the matter before the county attorney, that the offenders may be punished. Also, it will become my painful duty to do so.

In short words, all persons not having a diploma as a physician or midwife, and who have not registered as required by law, have no right to practice medicine or midwifery.

Circular and laws in full in my office.

E. SCHEIDT, M. D.,
County Health Officer.

The counties of Doniphan and Trego are still delinquent. The attorney general's assistance has been sought in bringing them into line, as will appear further on in this report. Besides, we have again addressed the boards of commissioners of those counties, and hope to be able finally to overcome this serious obstacle.

It is gratifying to note the progress in this respect, notwithstanding it has been slow and labored. In the report of the Secretary, at the meeting of September 16, 1891, 40 delinquent counties were named, many of them among the most populous in the state. This number is now reduced to two, with a fair prospect of a still further reduction in the near future.

Garfield county, under the act of the last legislature, has been attached to Finney county as Garfield township, and we have accordingly requested the health officer of that county to assume charge thereof, and have discontinued communication with Dr. L. V. Miner, of Eminence, as health officer of Garfield county.

Thus, we have in coöperation with us, in name at least, 103 out of the 105 counties of the state; but it would be too much to say that all are doing precisely as we would wish in this respect. The fact is, several are doing little or nothing, and fail to show anything like a responsive interest in public-health work. Fortunately they are, for the most part, among the more sparsely settled of the counties, and the evil results of their indifference are therefore less to be dreaded.

We will not mention the delinquent counties by name, hoping their apathy is but temporary. Under the stimulus of a dreaded cholera invasion, they may yet see the error of their ways.

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CHOLERA PREVENTION.

The circular of March 1 to boards of health, health officers, mayors of cities, etc., was supplemented June 1 by the following circular to officials of state and public institutions, schools, colleges, etc.:

DEAR SIR: The State Board of Health, apprehensive of a cholera invasion, has been urging county and municipal authorities throughout the state to bring their several localities to the best practicable sanitary condition as soon as possible. The Board would now urge similar action on the part of the officials of all state and county institutions, including schools, colleges, hospitals, etc., in order that there may be no harbor or breeding place for the germs of disease within the state.

The purity of the water supply of institutions; the dietary of the inmates; the quality and preparation of their food; the means of bodily exercise and recreation; and the ventilation of wards, class rooms, sleeping apartments, etc., should receive especial attention, in order to insure a high standard of health.

The disposal of slops, garbage and offensive refuse and rubbish of all kinds; the drainage and sewerage; the condition of cellars, cesspools, privy vaults, urinals, pigpens, and stables, are subjects deserving of frequent and thorough examination, and the greatest care and vigilance at all times.

The rules of such institutions should provide for periodical critical inspections of every occupied building from cellar to garret, including the outbuildings and grounds throughout, at intervals not exceeding a month, by the medical officer in charge, attending physician, or other skilled inspector, and all defects and irregularities promptly remedied. Upon school boards and county superintendents devolves a grave responsibility in this emergency. The schoolhouses of rural districts should not be overlooked.

It is recommended that, as far as practicable, county boards of health shall exercise hygienic supervision over institutions within their jurisdictions, and county health officers will please be governed accordingly. Very respectfully,

BY ORDER OF THE STATE BOARD OF HEALTH.

The following is a copy of the law enacted by the last legislature, viz.:

SECTION 1. Whenever any part of this state appears to be threatened with Asiatic cholera or other infectious or contagious disease, from any adjoining state or territory, the State Board of Health shall have the power and it shall be their duty to establish and maintain quarantine stations at the limits of the state, at such points as may be deemed necessary, and to enforce thereat such rules and regulations as may be adopted and published by the said Board for the purpose of preventing or obstructing the introduction or spread of such disease, by the inspection of all persons, places, and things, and the exclusion of all infected or suspected persons and goods, and the purification of all infected places and things. They may declare any or all of the rules so made to be in force within the whole, or any part or parts, of the district of any local or municipal board of health, and to apply to any railroad train, passenger coach, or public vehicle or conveyance of whatsoever kind, for the period named in such order, and may, by subsequent order, abridge or extend such period. And any person or corporation owning, occupying or controlling any house, building, dwelling, premises, or places, of whatsoever kind, or any railroad train, passenger coach, or other public vehicle or conveyance, who shall violate or refuse to obey any of the rules, regulations or orders of the said Board, when duly made and published, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined in the sum of not more than $500 for each offense, or

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be confined in the county jail for a period of 30 days, or both such fine and imprisonment, in the discretion of the court: *Provided*, That the State Board of Health may cause the said rule, regulation or order thus violated or disobeyed to be fully carried out, and may recover the expense incurred thereby, and the said fine and costs of prosecution, in a civil action before any justice of the peace or court having jurisdiction in like cases.

SEC. 2. That this act shall take effect and be in force from and after its passage.

In order that we might have an authoritative elucidation of the powers conferred by this act, we submitted the question to the attorney general, at first verbally, and later by a written communication, in terms as follows:

Hon. John T. Little, Attorney General: SIR—I am directed by the State Board of Health to request your opinion as to the precise scope of authority conferred by the act approved March 10, 1893, chapter 74, Session Laws of 1893, and the manner in which it may be only exercised.

Under the law of 1885, the Board is charged with the supervision of the health interests of the people of the state. The recent act confers special authority for the preservation of the public health against infectious or contagious diseases, empowering the Board to take certain prescribed action whenever any part of the state shall be threatened with such disease. The act reads "threatened from any adjoining state or territory;" but, measured by the larger consideration of preserving the public health, it is presumed it was intended that the Board should also obstruct or prevent the introduction and spread of such diseases from infected localities within the state.

It is likewise the understanding of the Board that the authority conferred by the act may be exercised at large throughout the state, as well as at the limits of the state, whenever and wherever infectious or contagious diseases threaten—not exist, but threaten, and that for this purpose the law confers continuous jurisdiction over all parts of the state.

If these conclusions are unwarranted by the law, the Board should be advised accordingly.

As to the manner of proceeding under the law, it is proposed to formulate and adopt such rules as would, in general, be effective, if carried out, in preventing or obstructing the introduction and spread of infectious and contagious diseases, the same to be duly published and applied to localities as may be required—localities affected by or threatened with such diseases or an extension thereof. In such cases, the said rules to be first submitted to the authorities of the affected locality for their adoption before any exercise of jurisdiction on the part of the Board. In case of refusal of such authorities to adopt or enforce the rules of the Board thus submitted, then the Board to proceed as required by the law.

A long-continued bad sanitary condition, a menace to the public health, without any efforts at improvement, to be considered a warrant for the interposition of the authority of the Board.

It is not, however, the purpose of the Board to arbitrarily interpose in cases where the danger is not imminent, or in cases where the authorities are already doing all that may be required.

Your opinion as to the mode of proceeding thus outlined is respectfully solicited, with a suggestion as to the proper manner of securing notice upon a locality over which it may be required to establish jurisdiction.

The following is the attorney general's reply thereto:

GENTLEMEN: I have considered article 9, relative to medical science of the state of Kansas, volumes 1 and 2, General Statutes of 1889, and, in connection therewith,

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chapter 74 of the Session Laws of 1893. There are so many defects in the law, that it almost fails to accomplish the purpose for which it was enacted. The powers of the Board are mostly mere conjecture, and unless it can assume some duties which are not expressly delegated, the object of the law for good must in a measure fail. The first part of section 6029 provides: "The State Board of Health shall supervise the health interests of the people of the state." This part of said section would seem to give the Board a general supervision over the general health of the state; but while this is true, the law, under section 6032, establishes local boards, with a physician, and his duties are prescribed, while the section 6033 gives the State Board power to also prescribe rules for the conduct of a physician so appointed by the local boards.

Now the law of 1893 provides, that when the state appears to be threatened with Asiatic cholera or other infectious or contagious diseases from adjoining states or territory, the State Board may quarantine at the limits of the state or territory, and enforce there such rules and regulations as may be adopted and published by the Board for the purpose of preventing or obstructing the spread of such disease. It seems to me that the only power the State Board has is to quarantine only when the kind of disease mentioned is threatened at the points so designated, the law leaving the local boards to regulate the health of the country by such rules as the local boards may prescribe and such additional rules as the State Board may establish, under section 6033.

Section 6031 gives the Board special power whenever the exigencies of the case may require; hence, it seems that, while the law is indefinite, it seems to make the proposition I have mentioned. I do not believe there is power in the State Board to quarantine anywhere except at the places so designated, being the limits of the state, and also to have a general supervision to see that the local boards are doing their duty. I do not think, from the law, that the legislature intended to take away from the local boards and confer upon the State Board that which more properly belongs to the local boards. This local board in each county is supposed to be on the ground, and in a condition to more speedily meet the demands of the occasion. I think the law contemplates a general supervision by the State Board over the local boards in prescribing such rules as will guide the local boards in maintaining such a sanitary condition as will accomplish a healthy condition for the state.

Yours truly, JOHN T. LITTLE, *Attorney General.*

The following communications to the governor, and his replies thereto, are self-explanatory:

Hon. L. D. Lewelling, Governor: MAY 5, 1893.

SIR—An act of the last legislature confers upon the State Board of Health authority to establish and maintain quarantine at the limits of the state at such times and places as may be necessary to protect the state from an invasion of cholera or other infectious or contagious disease. Such a contingency appears not improbable. At all events, it is deemed wise and proper to consider such a possibility in outlining the future operation of the public health service for this season.

Accordingly, I have been directed by the Board to request that, in case such an emergency should arise, the adjutant general of the state be authorized to turn over to the Board, upon its call, such camp equipage and tents as he may be able to spare from his supplies, to the extent of sufficient to establish six quarantine stations, should that number be necessary. The Board would also request that, if possible, a small detail from the national guard, for the purpose of guarding such stations as may be established, be held subject to call as circumstances may determine the necessity for their employment.

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If the canvas and equipage can be supplied in this way, it would result in much saving to the state, and we hope it will be found practicable to grant our request.

I have the honor to be, sir, your obedient servant, M. O'BRIEN, M. D.,
Secretary.

M. O'Brien, M. D., City: TOPEKA, May 11, 1893.

MY DEAR SIR—Replying to your favor of May 5, I note the suggestion of your Board relative to preparing for a cholera invasion. I do not understand that it is the desire of the Board that the tents and equipage should be turned over at the present time. I am not informed as to what we have in store, but in case there is any need for these things at any future time, I have no doubt but we will be able to provide for the necessities of the Board in the matter of tent equipages and the detail of the national guard, as suggested. Yours very truly, L. D. LEWELLING.

Hon. L. D. Lewelling, Governor: MAY 23, 1893.

SIR—Should cholera make its appearance at the seaboard, and, eluding the vigilance of the coast quarantine service, effect a lodgement in the United States, train inspections at the limits of our state would need to be inaugurated without delay, and, in order that there should be the least practicable detention of passengers in this connection, it would be necessary that such inspections should be commenced a sufficient distance beyond the border, within the states of Missouri and Nebraska, to assure their completion before reaching the state lines.

Therefore, it occurs to this Board that it would be well to have an understanding beforehand with the governors of Missouri and Nebraska, that our inspectors will be privileged in the emergency to enter their jurisdictions for the purpose of inspecting trains, and that they will be allowed all reasonable facilities to obtain and transmit information in the line of their duty.

Accordingly, I have been directed by the Board to submit to your excellency if it would not be advisable to communicate with the governors of Missouri and Nebraska on this subject without unnecessary delay.

Very respectfully, your obedient servant, M. O'BRIEN, M. D., *Secretary.*

Dr. M. O'Brien, City: JUNE 11, 1893.

DEAR SIR—I have the honor to herewith transmit to you a copy of a letter from Grovernor Crounse, of Nebraska, regarding the inspection of trains.

Yours truly, FRED. J. CLOSE, *Governor's Private Secretary.*

To L. D. Lewelling, Governor, Topeka, Kas.: MAY 30.

DEAR SIR—I am in receipt of your letter of the 27th inst., in which you make a request in behalf of the State Board of Health of Kansas for permission to be given to that Board to make inspection of trains in this state, with a view of intercepting any possible introduction of cholera into your state. As fully as I am authorized to grant it, such liberty will be given. Very truly yours,
L. CROUNSE.

About May 1 we addressed the health officers of Atchison, Leavenworth, Wyandotte, Johnson, Miami, Bourbon, Linn, Crawford, Cherokee, Labette, Montgomery, Chautauqua, Cowley, Sumner, Harper, Barber, Hamilton, Wallace, Sherman, Phillips, Decatur, Jewell, Republic, Washington, Marshall, Nemaha, Brown and Sedgwick counties, being in the border tier of the state, inquiring what particular measures, in addition to cleaning up the cities and towns, they would recommend for adoption in case of cholera invasion; the extent of the train inspection that would be required; the points for making such inspections; and number and the names of those whom they would recommend for the work, and their compensation. They were also requested to

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state if, in their judgment, the danger to their respective counties in case of cholera invasion would be great or inconsiderable, and, if great, from what chief causes. They were enjoined to bring the subject urgently before the mayor and council and authorities of the cities and towns, that all might give it the consideration it deserves.

The health officers of the cities of Leavenworth, Atchison and Kansas City were similarly communicated with; also the mayor and council of Troy, there being no health officer for Doniphan county.

From the replies thus far received, we judge that the health officers and others concerned are on the alert, and that due precaution will be taken to prevent or obstruct the introduction and spread of disease. Train inspection, next to a good sanitary condition, is pronounced the chief reliance.

NATIONAL CONFERENCE OF STATE BOARDS OF HEALTH.

The following reports and resolutions were adopted by the conference, at the meeting held in New York city, April 5–7, 1893:

Report of the committee on proposition No. 5; Doctor Watson, of New Hampshire, chairman:

PROPOSITION.

5. (*a*) What available plan can be agreed upon which will pass a properly-certified passenger or immigrant, and his baggage and effects, from his starting point in the United States, Canada, or Mexico, to his destination without unnecessary interference or delay?

(*b*) Is it necessary and practicable to disinfect the baggage of all immigrants, and require certificates of disinfection?

WHEREAS, Article 14 of the immigration regulations of the United States provides that each immigrant or head of a family, prior to or at the time of embarkation, shall be given a ticket on which shall be written his or her name, a number or letter designating a list, and his or her number in said list, for convenience of identification on arrival:

Resolved, That for the purpose of assisting the quarantine officers and health inspectors of the ports and places through whose jurisdiction said immigrants may pass in determining the sanitary condition of said immigrants and their baggage, said ticket should also have printed thereon figures, letters or words as shall be hereafter provided; that the ship's surgeon or agent shall indicate, by punch or otherwise, on said ticket the information hereafter to be specified; that the quarantine officer at the port of arrival, and the inspecting officers at the several inspection stations in the interior states, shall indicate in like manner the same information, said ticket to be carried by the immigrant from the port of embarkation to the point of destination, and there delivered to the proper health authorities: *Provided*, That this provision does not conflict or interfere with the rules and regulations of the treasury department as already made.

Resolved, That the secretary of the conference be directed to forward these resolutions, with the necessary form, to the secretary of the treasury.

Resolved, That the governments of the Dominion of Canada and the republic of Mexico be requested to adopt measures similar as may be to the above.

Resolved, That steamship companies shall be furnished with blank forms, to be filled up by surgeon on voyage, dividing passengers into lists by state or province to which they are destined; such lists to be handed to quarantine officer, to be by

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him punched with information derived at quarantine, inclosed in stamped envelope with printed address of the executive officer of each such state or provincial board of health, and at once posted; the state or provincial officer, on receiving it, to notify, by telegraph, if necessary, the local health officer into whose jurisdiction each family or person is going.

Resolved, That during the presence of cholera in Europe the disinfection of the baggage of all immigrants destined for this country should be required, unless disinfected at port of departure; and that certificates therefor, showing manner of disinfection, shall be pasted on the baggage.

Report of committee on propositions 6 and 8; Doctor Vaughan, of Michigan, chairman:

PROPOSITIONS.

6. In the emergency of an epidemic, would it be practicable to conduct a uniform system of inspection service at the various state lines, as against any given infected district, by means of which coöperation and mutual protection would be secured?

8. In the event of cholera in this country, what requirements should be made of transportation companies to prevent spread of the disease?

In our opinion, a uniform system of inspection service may be established and carried out, but we do not believe that this inspection should be defined by state lines. In the emergency of an epidemic of cholera at any place, inspection of outgoing trains should be instituted, and no suspect should be allowed to enter a train.

A medical inspector should accompany each outgoing train. He should carry medicines, disinfectants, etc., and should pay special attention to the water-closets, following directions furnished by the state boards of health or the marine hospital service. Rules for the care of water-closets should be posted in each closet.

In the emergency of an epidemic of cholera, it should be required that all passenger coaches should be provided with water-closets specially arranged for the retention and disinfection of all fecal matter, the apparatus and methods to be subject to the approval of the respective state and provincial boards of health.

If any person on the train shows symptoms of the disease, such person should be isolated, so far as is possible. One closet should be selected for the exclusive use of such person. The sick should be carried to one of the temporary hospitals provided for below, or the car containing the sick should be sidetracked in an isolated place, and proper accommodations provided in the car. In either case, the names, addresses and destinations of other passengers on that car should be telegraphed to the health authorities at their respective places of destination.

When passengers in a car in which a suspect has been found have been transferred, another car should, if possible, be provided for their exclusive use.

Railroad companies should be requested to provide, at such places in each state as the state board of health may designate, accommodations for those who may be taken sick *en route*. Such accommodations should be subject to the inspection and approval of the state board of health.

Each train medical inspector should be furnished by the state board of health with a list of physicians along the line, any one of whom may be called upon for assistance in case of necessity. The compensation for these auxiliaries should be fixed by the state boards of health. A special car or cars must be provided for passengers getting on a train at an infected place.

Ordinary articles of merchandise do not require disinfection. The mails, even from an infected place, ordinarily do not require disinfection. Household goods, personal effects and wearing apparel from an infected place must not be received for transportation until such articles have been properly disinfected; and, when so

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disinfected, each trunk, box or package must bear a card showing that the article has been disinfected, and the method of disinfection.

In case any car should be contaminated in any way, such car must be removed from the train as soon as practicable, and purified.

A system of rules applicable to river and lake transportation should be formulated in accordance with the above rules.

Report of committee on New York quarantine station; Doctor Patton, of Louisiana, chairman:

Resolved, That it be expressed as the sense of this conference, representing the health authorities of the United States, Canada, and Mexico, that the importance of having maintained, at the port of New York, a thoroughly efficient system of quarantine against imported pestilence is so great as to warrant the conference in offering certain urgent recommendations.

Inasmuch as the state of New York has assumed the responsibility of carrying on this important work, upon the equipment and efficiency of which other states and communities are necessarily and largely dependent, the representatives of these states and communities feel themselves justified in urging that the present plant and appliances for the performance of quarantine work at Hoffman's island be so enlarged and improved as to conform to the highest standard of modern requirement.

The conference recognizes the fact that the present quarantine administration has labored under the disadvantage of having to operate a system burdened with grave inherited defects, and full credit is accorded for such good work as has been done by the present quarantine officer. The conference is informed that several important improvements are contemplated, and that as soon as practicable these will be instituted. It is intended to increase the area of Hoffman's island, the observation and disinfecting station, containing the principal quarantine plant, from two acres to about 10. The facilities for the disinfection of baggage and bedding are deemed entirely inadequate. The conference is informed that an extension of the same to about nine times its present capacity is contemplated; but in view of the constant menace from cholera, the conference urgently recommends that these facilities be increased immediately. If practicable, it is also recommended that a wharf in deep water be built for the better accommodation of vessels under treatment at Hoffman's island.

The supply of drinking water in cisterns is such as to render its contamination at the stations possible, and the necessity for a better arrangement is imperative.

It appears that no disinfection of immigrants' baggage other than on vessels has been practiced at the port of New York since last October, and this conference formally protests against the continuance of this neglect.*

The conference also deems it its duty to report that the certificates at present issued by the United States officials at Ellis island, as represented by Doctor Wheeler, of that service, have no value whatever as guaranteeing any previous inspection or disinfection of immigrants' baggage, as this station is not designed for quarantine work.

* NOTE.—Doctor Jenkins states that, in the absence of infectious disease, all persons from suspected ports or places who have not had consular certificates of disinfection of baggage have had same opened and disinfected by sulphur dioxide on board their vessels. Also, that all cargoes on such vessels have been disinfected in like manner. Portions of cargo and baggage brought as freight have had special disinfection when not accompanied by consular certificate, and special customs permit has been granted for discharge of same.

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The hospital at Swineburne island is well equipped, and the crematory attached to the same is one of approved construction.

Resolution of Doctor Baker, of Michigan:

Resolved, That every state maintaining any maritime quarantine should, in the present emergency, unless for special reasons unnecessary, have a complete plant for the thorough disinfection of vessels, cargoes, and baggage of passengers.

Secretary Baker, in his report of attendance at the international conference of state and provincial boards of health, at New York, April 5–7, stated that

The conference was called to meet in New York, because it is believed that about 70 per cent. of the immigrants to this country enter through the port of New York. It was called earlier than usual, because of the present threatened importation of cholera, which is widely spread through Russia and is present in other countries in Europe, and is generally believed by sanitarians as likely to be brought to this country unless extraordinary measures shall be taken throughout this country. The several state and provincial boards of health in the United States and Canada were well represented in this conference. The national board of health of Mexico sent reports. The United States government and the Dominion of Canada were represented.

The international quarantine commission, which last summer visited and inspected the quarantine stations from Quebec to the Delaware breakwater, submitted a report. This showed that, at the time of the inspection, not one of those stations was properly equipped for the most effective work. Inspection by the members of the conference revealed the fact that there has as yet been no improvement in the equipment at the quarantine station at the port of New York. Doctor Jenkins, health officer of the port, stated that improvements are contemplated which, if made, will greatly increase the capacity of the plant for steam disinfection. He stated, however, that no disinfection of the baggage of immigrants has been done at Hoffman's island, where the disinfection plant is, since last October. The baggage of a few, who had been exposed to smallpox or other disease on the voyage, or whose baggage was for some reason suspected to be infected, has been disinfected on the vessel on which it came.

The conference appointed committees to formulate replies to some of the questions stated in the announcement and program. One of these committees reported as follows:

Your committee recommends that, during the presence of cholera in Europe, the disinfection of baggage of all immigrants destined for this country should be required, unless disinfected at the port of departure, and that certificates therefor, showing the manner of disinfection, shall be pasted on the baggage.

This resolution was combated by Doctor Jenkins, quarantine officer at New York, and by others representing states on the seaboard, but was insisted on by the interior states, especially those like Michigan, to which or through which a large proportion of all immigrants go. Doctor Jenkins's proposed amendment, that only baggage from ports reported infected should be disinfected, was voted down, 17 to 7. The resolution was adopted by a large majority. It is doubtful, however, if such disinfection will be done at New York, although the conference formally protested "against the continuance of this neglect."

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The Michigan delegates labored hard to secure disinfection of immigrants' baggage at New York and other seaboard quarantine stations, and, in case that could not be had, then for a line of disinfection of all such baggage on a line extending southward to the Ohio river from the present Michigan-Canadian line from Sault Ste. Marie to Detroit.

One committee, of which Professor Vaughan, of Michigan, was the chairman, reported detailed plans, which were adopted by the conference, for a uniform system of inspection service to be established, not necessarily on state lines, in case cholera occurs in some part of this country. Some sections in these plans relate to what shall be required of railroads and transportation companies.

SPECIAL INQUIRIES.

Are there any complaints of the quality of the water, ice and milk supplies, or as to the adulteration of food?

Replied "No" from 89 counties. The health officer of Gray county states there is complaint of the water, but does not specifiy the nature of the complaint. The health officer of Pawnee county states there is complaint of the water supply of the city of Larned. The city board of health found the cause of the complaint to depend upon seepage from the mineral well. He adds: "I have held and reported to the board it was a blessing in disguise, teaching the danger from the seepage of sewage."

Are there any violations of the rules governing the transportation of the dead?

"No" from 89 counties. The health officer of Jackson county replies "Yes," but does not specify.

State the present sanitary condition of schoolhou es, poorhouse, jail, and courthouse; also, of the cities, towns and villages of the county.

Eighty-three counties report that it is good. The health officer of Cheyenne county replies: "Not very good as regards schoolhouses, as they are nearly all built of sod in the county." The health officer of Clay county excepts the county jail from the general good sanitary condition, and states it is only medium, from a health standpoint. From Lincoln county, exception is taken to the condition of the courthouse, which is reported "bad." From Osage county, the complaint is made that the sanitary condition of the schoolhouses is generally poor. The courthouse is reported in fair condition. The jail and cities, towns and villages are in bad condition. From Rice county, the condition of privy vaults in the towns and villages is excepted to. The jail is reported poor, "being too small and crowded." In Washington county, the condition of the jail is excepted to.

State the number of nuisances abated during the quarter.

The nature of the nuisances abated is as follows: Emptying privy vaults, cesspools, cleaning slaughterhouses, alleys, pigpens, hotels and private premises, warehouses, manure piles, wells, cisterns, cattle pens, removing dead carcasses, standing water, bad drainage and sewerage, etc.

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Are there any existing diseases or nuisances (slaughterhouses, butcher shops, stables, cow pens, hogpens) dangerous to public health?

"No" from 80 counties. The health officer of Cloud county reports a chicken slaughterhouse in the city of Concordia. From Crawford county: "There are some hogpens and outbuildings in the cities." From Jewell county: "Some stables and hogpens not in good condition." The health officer of Montgomery replies, "Yes; no town is without these nuisances, but they are being abated as rapidly as can be."

State the principal source of danger to life and health at the present time.

The replies from 70 counties indicate there exists no especial danger from any cause. The health officers of Brown, of Jefferson and of Riley counties believe the danger lies in the condition of the water supply of wells. In Ellsworth, Jewell, Osborn, and Russell, it is thought to be attributed to scarlet fever. In Saline county, the health officer finds occasion for alarm in the prevalence of la grippe. The health officers of Harper, of Harvey, of Labette, of McPherson, of Miami, of Sheridan and of Stanton are chiefly solicitous in this connection of the inclement and changeable weather. The health officers of Ellis and of Rush think the danger lies in immigration. In Johnson county, Doctor McKinley finds the chief source of danger in the inexorable law of nature. eternized in the words, "It is appointed unto all men once to die." The same thought is expressed differently by the health officers of Chautauqua and Garfield counties. Accidents furnish the principal danger to life and health in Morton county; "want of a proper appreciation of cleanliness," in Montgomery county. The health officer of Osage replies: "The failure of the commissioners to organize and the carelessness and ignorance of physicians and the indifference of the people." Finally, the health officer of Pottawatomie affects to see chiefest danger in the present state legislature, which is, however, another story.

State the number of physicians in practice in the county.

The counties of Miami, Anderson, Republic, Sedgwick and Decatur have not replied to the question.

State the number of physicians reporting.

The counties not replying are Bourbon, Wyandotte, Anderson, and Ness.

State the number of midwives in practice in the county.

The counties of Anderson, Coffey, Clark, Decatur, Elk, Franklin, Gray, Jefferson, Lane, Lyon, Meade, Ness, Saline, Sedgwick, Woodson, Wichita and Wyandotte have not replied. The counties of Grant, Garfield, Meade and Stevens have no midwives. In Wilson county their number is legion.

State the number of midwives reporting.

The counties of Franklin and Kearny have not replied.

State the number of undertakers reporting.

The counties not replying are Clark, Greeley, Hamilton, Jackson, Kearny, Nemaha, and Stanton.

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What action do you propose to take against illegal practitioners?

Fifteen counties have not replied to the question. The counties of Barber, Butler, Clay, Comanche, Ellis, Ellsworth, Grant, Gray, Greeley, Graham, Greenwood, Harper, Hodgeman, Kingman, Lane, Logan, Meade, Mitchell, Morton, Norton, Ottawa, Seward, Sheridan, Stanton, Stevens, Thomas, Wabaunsee, Washington and Wichita have no delinquents, all the physicians reporting. In Labette county, all physicians report deaths. Cloud county receives reports from 20 out of 22; Chase, 10 out of 14; Dickinson, 30 out of 37; Edwards, 3 out of 5; Ford, 7 out of 8; Finney, 3 out of 5; Franklin, 40 out of 46; Gove, 2 out of 3; Kiowa, 9 out of 10; Lyon, 24 out of 34; McPherson, 27 out of 28; Montgomery, 55 out of 57; Nemaha, 24 out of 28; Neosho, 27 out of 32; Osborne, 12 out of 16; Pratt, 13 out of 15; Pawnee, 7 out of 10; Rice, 24 out of 28; Russell, 4 out of 7; Rawlins, 5 out of 6; Reno, 29 out of 34; Smith, 14 out of 16; Stafford, 10 out of 11; Sherman, 6 out of 8; Wallace, 4 out of 5; Wilson, 18 out of 25; Johnson, from all but 3.

The delinquency among physicians in reporting appears to be greatest in Bourbon, Brown, Coffey, Cowley, Crawford, Chautauqua, Jackson, Jefferson, Marion, Miami, Marshall, Pottawatomie, Riley, Saline and Woodson counties.

FINANCIAL STATEMENT.

Appropriations for the expenses of the Board, including the salary of the Secretary, for the fiscal year ending June 30, 1893		$3,500 00
Expenses of members in attending meetings of the Board and in inspecting state institutions	$519 75	
For special sanitary investigations	500 00	
Office rent for the year	200 00	
Services of janitor for the year	30 00	
Postage, expressage, etc	250 25	
Salary of Secretary	2,000 00	
Total expenses		$3,500 00

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PROCEEDINGS OF THE BOARD—MINUTES OF A SPECIAL MEETING.

TOPEKA, KAS., July 21, 1893.

There was a called meeting of the State Board of Health, at the request of the executive committee, held in the city of Topeka, at the Secretary's office, July 21, 1893.

Members present: Doctors Swallow, Stewart, Anderson, Swartz, Hoover, and the Secretary, Dr. H. A. Dykes.

Minutes of the last meeting read and approved. The object of the meeting was to adopt rules for the preservation of the public health against epidemic cholera and other infectious and contagious diseases.

The following rules were adopted, and published in the Topeka *Press*, *Journal*, and the *Advocate:*

RULES OF THE STATE BOARD OF HEALTH, FOR THE PRESERVATION OF THE PUBLIC HEALTH AGAINST EPIDEMIC CHOLERA AND OTHER INFECTIOUS AND CONTAGIOUS DISEASES.

RULE I. No privy vault, cesspool or reservoir into which a privy vault, water-closet, stable or sink is drained, except it be water-tight, shall be permitted within 50 feet of any well, spring or other source of water used for drinking and culinary purposes; nor shall any such open into any stream, ditch, or drain, except common sewers.

RULE II. Earth privies, or earth closets, with no vault below the surface of the ground, shall be excepted in rule I, but sufficient dry earth or coal ashes must be used daily to absorb all the fluid parts of the deposit, and the entire contents must be removed monthly.

RULE III. All privy vaults, cesspools or reservoirs named in rule I must be cleaned at least once a year; and from the 1st day of May to the 1st of November of each year shall be thoroughly deodorized by adding to the contents of the vault once every month a solution of copperas in the proportion of one or two pounds to a pailful of water for each member of the family.

RULE IV. No night soil or contents of cesspool shall be removed unless previously deodorized by the copperas solution as above, or disinfected with the corrosive sublimate solution, and during removal material shall be covered with a layer of fresh earth, unless the removal be by the odorless excavating process.

RULE V. No sewer drain shall empty into any lake, pond, or other source of water used for drinking or other culinary purposes, nor into any pond, lake, or running water. Such drains passing within 50 feet in ordinary soil, or 80 feet in sandy soil, of any source of water supply shall be water-tight. All stagnant ponds must be drained or filled up.

RULE VI. The collection of refuse matter in or around the immediate vicinity of any dwelling or place of business, such as swill, waste of meat, fish, or shells, bones, decaying vegetables, dead carcasses, excrement, or any kind of offal that may decompose and generate disease germs or unhealthy gases, and thus affect the purity of the air, shall be considered the worst kind of nuisance, and must be removed or

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disposed of, either by burial, burning, or otherwise, and in such manner as not to be offensive.

RULE VII. No diseased animal, or its flesh, and no decayed or diseased meat, fish, vegetables, or fruit, no impure or adulterated milk or other article used for food, shall be sold or offered for sale. No dead animal or offensive refuse shall be thrown upon the streets or adjoining lot to the street, or into or near any stream, spring, or well.

RULE VIII. No pigpen shall be maintained within 100 feet of any well or spring of water used for drinking purposes, or within 30 feet of any street or inhabited house. Such pens shall be kept in such a manner as not to be offensive, by being freely deodorized at short intervals. No pigs shall be kept within the limits of any incorporated city between May 1 and November 1 of any year.

RULE IX. Every person owning, leasing or occupying any place, room or building wherein cattle, sheep or swine are killed or dressed, and every person being the owner, lessee or occupant of any stable wherein animals are kept, or of any market, public or private, shall cause such place, room, building, stable or market to be kept at all times thoroughly cleansed and purified, and all offal, blood, fat, garbage, stable manure or other unwholesome or offensive refuse shall be removed therefrom at least once in every 24 hours, if used continuously, or, if only used occasionally, within 24 hours after using; and the floors of such building, place or premises shall be so constructed as to prevent blood, foul liquid or washings from being absorbed. No blood pit, dung pit, offal pit or privy well shall remain or be constructed within any such place, room, or building; nor shall swine be kept in the same inclosure with a slaughterhouse, nor fed there or elsewhere upon the offal of slaughtered animals.

RULE X. No person shall maintain any manufactory or place of business where unwholesome, offensive or deleterious odors, gases, smoke or exhalations are generated, such as tanneries, establishments for boiling bones of dead animals, etc., except such establishments shall be kept clean and wholesome; nor shall any offensive or deleterious or waste substance, refuse or injurious matter from such establishments be allowed to accumulate upon the premises, or be thrown or allowed to run into any public waters, stream, water course, street, road, or public place. And every person or company conducting such manufacture or business shall use all reasonable means to prevent the escape of smoke, gases, and odors, and to protect the health and safety of all operatives employed therein.

RULE XI. Whenever any householder shall know that any member of his family is taken sick or has died of smallpox, cholera, scarlet fever, diphtheria, or any other disease dangerous to the public health, he shall immediately give notice thereof to the nearest board of health or health officer, placing the case at once in charge of a physician, and placarding the house as prescribed in the following rule.

RULE XII. Whenever any physician shall know, or have reason to believe, that any person whom he is called to visit, or any person sick within his knowledge without the care of a physician, is infected with, or has died of, cholera, smallpox, scarlet fever, diphtheria, or any disease dangerous to the public health, he shall immediately give notice thereof to the nearest board of health or health officer; and, if the case occurs in his own practice, shall at once cause a red or yellow cloth or card, not less than 12 inches square, with the name of the disease written or printed thereon in large characters, to be fastened upon the front door or other conspicuous part of the building in which the sickness prevails; such cloth or card to be maintained during the existence of the disease and until such time as the health officer, or, in his absence, the attending physician, acting by his authority and approval, is satisfied that the premises have been thoroughly disinfected and are fit for reoccupation.

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RULE XIII. Any local board of health or health officer having knowledge of the existence of contagious or infectious disease, or of a death from such disease, within their jurisdiction, shall immediately exercise and maintain a supervision over such case or cases during their continuance, seeing that the provisions of these rules and of the duties of the local boards of health and health officers in such cases, as to isolation, restriction of communication, placarding, etc., shall be duly fulfilled. The health officer shall communicate without delay such information as to existing conditions as he possesses to the State Board of Health. He will confer personally, if practicable, otherwise by letter, with the physician in attendance upon the case, as to its future management and control, and with the authorities of the place as to their duties in the premises. Should the disease show a tendency to become epidemic, the public and private schools must be closed, and, in extreme cases, church service suspended, and public assemblages of people at shows, circuses, theaters, fairs or other gatherings prohibited. In case of smallpox, a general and thorough vaccination should be recommended and insisted upon.

RULE XIV. All persons sick with smallpox, cholera, scarlet fever, diphtheria, or other contagious or infectious disease, shall be thoroughly isolated from the public. Four hundred feet is suggested as the minimum distance for the thorough isolation of smallpox.

RULE XV. Members of any household in which cholera, smallpox, diphtheria, scarlet fever or measles exist shall be required to abstain from attending places of public amusement, worship, or education, and, as far as possible, from visiting other private houses. No person recovering from such disease shall be permitted to appear on the public streets or highways, or in any public place, until after danger from contagion is past.

RULE XVI. In the event of death from any such disease, the clothing in which the body is attired should be sprinkled with thymol water, the body wrapped in a disinfected cerecloth (a sheet thoroughly soaked in zinc disinfectant, double strength), and placed in an air tight coffin, which is to remain in the sick room until removed for burial. No public funeral must be allowed, either at the house or church, and no more persons should be permitted to go to the cemetery than are necessary to inter the corpse.

RULE XVII. The room occupied by a person sick with contagious or infectious disease must previously be cleared of all carpets, needless clothing, drapery, and all other articles likely to harbor the disease. After death or recovery, the room, furniture and other contents not to be destroyed must be immediately and thoroughly disinfected. The paper on the walls and ceiling must be removed and burned. The floor, woodwork and wooden furniture must be painted over with corrosive sublimate solution, letting it remain one hour, and then washing it off with clean water. The walls, if not papered, must be thoroughly scrubbed and whitewashed. For use in the sick room, small pieces of rags should be substituted for handkerchiefs, and when once used must be immediately burned.

RULE XVIII. Soiled bed and body linen must be placed in vessels and saturated with sulphate of zinc solution, then boiled one hour before removed from the premises.

RULE XIX. The discharges from the patient must be received into vessels containing some known disinfectant, and, if not buried at once, must be thrown into a cesspool or water-closet, but never on the ground, nor into a running stream. Perfect cleanliness on the part of the nurses and attendants is enjoined.

RULE XX. Fumigation with brimstone may be employed for disinfecting the premises. For this purpose, the rooms to be disinfected must be vacated. Heavy clothing, blankets, bedding, and other articles which cannot be treated with zinc

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solution, must be opened and exposed during fumigation. To disinfect an ordinary room with brimstone: Having tightly closed all openings of the room, place in an open earthen dish, upon a couple of bricks, in a tub partly filled with water, three pounds of brimstone, in powder or small fragments, moistened with a little alcohol, and burn until consumed. After fumigation, the rooms must be thoroughly aired before reoccupation.

RULE XXI. All articles which have been in contact with persons sick with contagious or infectious diseases, too valuable to be destroyed, should be treated as follows: Cotton, linen, flannels, blankets, etc., should be put, piece by piece, into a boiling hot zinc solution, and boiled for at least one hour. Heavy woolen clothing, silks, furs, stuffed bed covers, and other articles which cannot be treated with the zinc solution, should be hung in the room during the fumigation, their surfaces thoroughly exposed; afterwards, they should be hung in the open air, beaten, and shaken. Pillows, beds, stuffed mattresses, upholstered furniture, etc., should be cut open, the contents spread out and thoroughly fumigated. Carpets are best fumigated on the floor, but must afterward be removed to the open air and thoroughly beaten.

RULE XXII. Diphtheritic croup, croupous diphtheria, membranous croup, croup, putrid fever, diphtheritic sore throat, and sloughing sore throat, occurring in communities where diphtheria is prevalent, should be included among the diseases dangerous to public health, and subject to the same precautions as diphtheria. In like manner, patients suffering from or exposed to scarlatina or scarlet rash, or varioloid, should be required to undergo the precautions prescribed for scarlet fever and smallpox, respectively.

RULE XXIII. All births and deaths occurring in the practice of physicians shall be reported to the local board of health where the same occur within 10 days after the expiration of the month in which they occur, in the manner indicated by the blank forms prepared by this Board from time to time, and distributed through the county health officers: *Provided*, That deaths occurring from infectious or contagious diseases shall be reported, as above prescribed, within 24 hours after their occurrence.

RULE XXIV. It shall be the duty of undertakers doing business within the state to keep a record of the burial cases sold by them, and to transmit monthly a record of same to the local board of health officer having jurisdiction over the territory in which the case is used.

RULE XXV. No person afflicted with any contagious or infectious disease dangerous to public health shall be admitted into any public or private school. No parent, guardian, tutor, or other person having charge or control of children whose residence is infected with scarlet fever, diphtheria, cholera, smallpox, or other contagious or infectious disease dangerous to the public health, shall allow or permit them to attend any public or private school during the continuance of such infection. No person, until after being successfully vaccinated, shall be admitted into public or private schools or institutions of learning, either in the capacity of teacher or pupil. The vaccination should be repeated after the age of 16. The local boards of health shall exercise especial hygienic supervision over the schools and schoolhouses within their respective jurisdictions, and, where hygienic faults are found, said boards shall immediately call the attention of the school authorities thereto.

RULE XXVI. The following rule is made with respect to public institutions: It is respectfully recommended to the board of trustees of the state charitable institutions, the several boards of education, the trustees or directors of the several hospitals within the state, the officers and regents of the State University, Normal School, and Agricultural College, and other institutions of higher education, to make, or cause to be made by their health officers or attending physicians, or by one or

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more experts in sanitary science, at intervals of not exceeding one month, a thorough and critical examination of the institutions under their charge, with special reference to the purity of the water supply, the disposal of slops and garbage, the drainage and sewerage, cellars, cesspools, privy vaults, urinals, pigpens, and especially sleeping apartments. It is likewise recommended that the local boards of health exercise especial hygienic supervision over all such institutions within their jurisdictions.

RULE XXVII. The following regulations respecting the disinterment and transportation of dead bodies will be observed: *Disinterment of bodies.*—The removal of any body from its place of original interment is declared to be a nuisance, dangerous to the public health, and is prohibited unless the same be done under the directions and by permission of the local board of health or health authorities. The disinterment of the body of any person dead of any contagious or infectious disease is strictly prohibited, unless by special authority and upon such conditions as the local board of health or health authorities may impose.

The following was also approved, and ordered republished:

Resolved, That rule 25 of the rules or this Board be and the same is hereby amended to read as follows:

RULE XXV. All births and deaths occurring in the practice of physicians shall be reported to the local board of health where the same occur within ten (10) days after the expiration of the month in which they occur, in the manner indicated by the blank forms prepared by this Board from time to time, and distributed through the county health officers: *Provided*, That deaths occurring from infectious or contagious diseases shall be reported, as above prescribed, within twenty-four (24) hours after their occurrence.

Resolved, That the said rule 25, as thus amended, is hereby adopted as a rule of this Board prescribing the time and the manner in which such reports are required to be made under section 6034, General Statutes of 1889, and the same shall be effective from and after its publication in the official state paper. The Secretary of this Board shall have the rule printed and distributed to health officers, with such explanatory information respecting its application to the administration of the public-health service as he may deem necessary.

Health officers are requested to give the above the widest practicable publicity among those concerned. Before instituting legal proceedings for the collection of death reports, the health officer should be prepared to prove conclusively, in a given case, that a copy or notice of said rule 25 as given herein had been delivered personally, or given to the mails for transmission, to the delinquent before the date of the delinquency charged, and that he had, in like manner, supplied or offered to supply the delinquent with the necessary blank forms. An account should be kept with all parties to whom you are required by law to distribute forms, and in making future issues notify all concerned of the above requirements until they shall be duly informed.

Prosecution for the collection of death returns must be instituted within 60 days of the date of death. It therefore devolves upon the health officer to call upon delinquents promptly after the 10th of each month.

EPIDEMIC CHOLERA.

Pursuant to the provisions of the act approved March 10, 1893, entitled "An act for the preservation of the public health against epidemic cholera and other infectious and contagious diseases," the State Board of Health has duly made and adopted the following rules, and they are hereby promulgated for information and guidance. Until further orders from the Board, the said rules shall apply to and be in force in the state of Kansas, from August 2,

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1893, and any violation thereof shall subject the offender to the penalties of the law.

Any default on the part of the authorities of any county or municipality in taking immediate and effective action to carry out these rules or any of the health laws of the state, or any health by-law or ordinance enacted by a county or municipality, shall be reported by the health officer to the State Board of Health, in order that the said Board may take such measures as may seem requisite for placing the said county or municipality in such sanitary condition as to effectually combat disease, or to prevent a harboring of diseases depending upon or which are fed and nurtured by filthy surroundings.

RULE I. It shall be unlawful for any railroad or other transportation company, public carrier, or other person, to introduce into the state of Kansas any person sick of or infected by cholera, smallpox, typhus fever, scarlet fever, diphtheria, or other infectious or contagious disease, or any baggage, rags, articles of freight or merchandise, railway car, steamboat, or other means of public conveyance, or any other article or thing, infected therewith. All such sick persons are hereby forbidden to enter the limits of the state, under the penalties of the law provided for the preservation of the public health from epidemic cholera and other infectious and contagious diseases.

RULE II. During the prevalence of cholera at any point in the United States, immigrants and their baggage, destined to points within and beyond the state, shall be transported in separate coaches or vehicles, to which other passengers shall be denied access during the journey; and such immigrants shall not be permitted to enter into other cars in the train, nor to depart from or alight from their cars during a stop *en route* at any city or town. Any railway company doing business within the state of Kansas shall provide each and every train carrying immigrants with a medical officer, who shall be supplied with medicines and disinfectants, whose duty it shall be to accompany each passenger train to which they may be assigned, to render assistance and treatment in any cases of cholera, smallpox, diphtheria, scarlet fever, or other contagious or infectious disease, disinfect all suspected baggage, clothing, merchandise, or anything from which there may be danger of infectious or contagious disease communicated, and to see that all the rules adopted by the State Board of Health for the regulation of passenger trains for the preservation of the public health be carried out: *Provided*, That such medical officers shall be at all times under the control and subject to orders from the State Board of Health. The water-closets and urinals of emigrant cars shall be provided with receptacles for retaining the discharges of the occupants, which shall be received in a strong disinfecting solution and removed at intervals, in such manner as to secure the most perfect protection against infection. The sweepings of such cars shall likewise be deposited in these receptacles for disinfection. The baggage of such immigrants, other than the hand luggage carried by them, shall not be accessible to them until they have arrived at their respective points of destination.

RULE III. All trains carrying passengers, and all other means of public conveyance, shall be carefully inspected by an officer appointed by the State Board of Health before they shall be permitted to enter the state; and if such officer shall find upon any such train or vehicle any person showing symptoms of sickness from cholera or infectious or contagious disease, that car or vehicle containing such person shall be prevented from entering, and must be detached from the train before it is allowed to proceed.

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RULE IV. In cases of imminent danger from an invasion of cholera, diphtheria, scarlet fever, smallpox or other contagious or infectious diseases into the state of Kansas, the medical inspector or other health officer appointed by the State Board of Health may, under direction of the Board, require of every person or persons desiring to come within the lines or travel from one point to another in the state a certificate from some legally-authorized health officer stationed at the place of departure that such person is free from disease, and that there is no danger of any contagious or infectious disease being communicated by such person, and all baggage or merchandise of any kind must bear a certificate of inspection stating that the baggage or merchandise has been disinfected and is free from the danger of communicating any contagious or infectious disease such as mentioned above.

RULE V. If any person or persons within the limits of the state of Kansas, during the time specified by the enforcement of the special rules adopted by the State Board of Health under the authority of the law passed March 10, 1893, for the protection of the public health, is found to be sick with Asiatic or sporadic cholera, diphtheria, smallpox, or scarlet fever, or other contagious or infectious disease, or known to have been exposed to the same, so that there is reasonable danger of the said disease being communicated from such person or persons, any medical inspector or other legally-authorized officer appointed by the State Board of Health shall have power, without further notice, to detain, quarantine, or place under observation, and subject to such rules and regulations as may be found necessary for the preservation of the public health: *Provided*, That any properly-authorized person causing such detention or restraining any person or persons shall immediately inform the State Board of Health of such action, for instruction in the case; and no person or persons shall be detained or restrained for a longer period than 24 hours without special instructions from the State Board of Health, or its authorized officer, in each and every given case.

RULE VI. The foregoing rules and instructions may be repealed, changed or modified at any time by the State Board of Health, as may be deemed best for the preservation of the public health.

The following resolution was adopted by the Kansas State Board of Health July 21, 1893:

WHEREAS, It is deemed best for the interest of the general public health to divide the state into nine health districts, assigning to each member of the State Board, as near as possible, an equal number of counties, over which he will have entire supervision in case of a threatened epidemic of cholera or any contagious or infectious disease. Whenever any local board of health is not well organized, with an intelligent knowledge of their duty, the Secretary of the State Board of Health must refer such matters to the member of his respective district in which such local board is located, whose duty it shall be to visit and investigate the local board, and confer with the health officer thereof, and assist in thorough organization for immediate action in case of an invasion of cholera or any contagious or infectious disease. The State Board of Health deems it wise and proper to call the attention of local boards of health, teachers of public schools, and all citizens, to the importance of strict sanitary and hygienic measures. It is the duty of every citizen to see that his own premises are in a pure and healthy condition. The local board of health in every county is hereby urged and requested to call the attention of the proper railroad officials, proprietors of factories, hotel keepers and school directors to the condition of the water closets and urinals at stations, factories, schoolhouses, and public houses, and require that they be thoroughly cleansed and disinfected at short intervals during the hot weather.

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The division of the state is as follows:

First District.— Dr. Frank Swallow, Valley Falls: The counties of Jefferson, Shawnee, Wabaunsee, Lyon, Osage, Coffey, Woodson, Greenwood, Elk, Wilson, and Montgomery.

Second District.— Dr. J. P. Stewart, Clay Centre: The counties of Clay, Cloud, Jewell, Smith, Phillips, Norton, Decatur, Rawlins, Cheyenne, Sherman, Thomas, and Sheridan.

Third District.— Dr. A. J. Anderson, Lawrence: The counties of Douglas, Franklin, Miami, Linn, Bourbon, Crawford, Cherokee, Labette, Neosho, Allen, and Anderson.

Fourth District.—Dr. P. Daugherty, Junction City: The counties of Geary, Dickinson, Ottawa, Mitchell, Osborne, Rooks, Graham, Gove, Logan, Wallace, Greeley, and Lincoln.

Fifth District.—Dr. J. W. Jenney, Salina: The counties of Saline, Ellsworth, Russell, Ellis, Trego, Ness, Lane, Scott, Wichita, Rush, and Barton.

Sixth District.— Dr. H. D. Hill, Augusta: The counties of Butler, Chautauqua, Cowley, Sumner, Sedgwick, Marion, McPherson, Rice, Chase, Morris, Harper, and Stafford.

Seventh District.— Dr. E. Swarts, Kansas City: The counties of Wyandotte, Leavenworth, Doniphan, Brown, Nemaha, Marshall, Pottawatomie, Jackson, Washington, Republic, and Johnson.

Eighth District.— Dr. E. M. Hoover, Halstead: The counties of Harvey, Reno, Kingman, Barber, Pratt, Seward, Pawnee, Edwards, Kiowa, Comanche, Clark, and Meade.

Ninth District.— Dr H. A. Dykes*: The counties of Hamilton, Kearny, Finney, Garfield, Hodgeman, Ford, Gray, Haskell, Grant, Stevens, Morton, and Stanton.

The following accounts being presented, were, upon motion, duly approved and ordered paid, viz.:

Dr. H. D. Hill, expenses in attending this Board meeting					$16 50
Dr. J. P. Stewart,	"	"	"	"	10 00
Dr. F. Swallow,	"	"	"	"	8 70
Dr. A. J. Anderson,	"	"	"	"	13 00
Dr. E. M. Hoover,	"	"	"	"	14 69
Dr. E. Swarts,	"	"	"	"	7 00
Dr. H. D. Hill, for special sanitary work					25 00

After discussing general health matters, the Board adjourned.

HENRY A. DYKES, M. D., *Secretary.*

* The Secretary was assigned the ninth district, as there was a vacancy caused by the resignation of Doctor Van Nuys, of Wichita.

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SECRETARY'S REPORT FOR SECOND QUARTER, 1893.

Quarterly reports of county health officers for second quarter, ending June 30, 1893, of the births, deaths, marriages, and most prevailing diseases during the quarter:

ANDERSON COUNTY—JOHN A. HENNING, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 12; deaths reported by physicians, 2; deaths reported by undertakers, 10; number of marriages reported, 10. Prevailing disease during the quarter: Malarial fever.

ATCHISON COUNTY—P. S. MITCHELL, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 58; deaths reported by physicians, 20; deaths reported by undertakers, 58; number of births reported, 31; number of marriages reported, 86. Prevailing diseases during the quarter: Pneumonia and inflammation of the bowels.

BARBER COUNTY—J. D. KARR, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 11; deaths reported by physicians, 1; deaths reported by undertakers, 10; number of births reported, 21; number of marriages reported, 15. Prevailing diseases during the quarter: Typhoid and scarlet fever.

BUTLER COUNTY—J. A. MCKENZIE, M. D., County Health Officer.

Number of deaths from scarlet fever, 1; number of deaths from all causes during the quarter, 53; deaths reported by physicians, 53. Prevailing disease during the quarter: Malaria.

CHASE COUNTY—ANDREW WELTE, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 8; deaths reported by physicians, 7; number of births reported, 26; number of marriages reported, 24.

CHEROKEE COUNTY—J. H. BAXTER, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 60; deaths reported by physicians, 45; deaths reported by undertakers, 15; number of births reported, 63; number of marriages reported, 72. Prevailing diseases during the quarter: Malarial fever, bronchitis, and la grippe.

CHEYENNE COUNTY—F. A. TRACY, M. D., County Health Officer.

Number of deaths from diphtheria, 6; deaths reported by undertakers, 10; number of births reported, 2. Prevailing disease: Diphtheria.

COFFEY COUNTY—J. L. JONES, M. D., County Health Officer.

Number of deaths from typhoid fever, 3; number of deaths from all causes during the quarter, 23; deaths reported by physicians, 8; deaths reported by undertakers, 15; number of births reported, 11; number of marriages reported, 17. Prevailing diseases during the quarter: Consumption, malarial fever, cholera infantum, and bowel disease.

COMANCHE COUNTY—J. S. HALLIDAY, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 10; deaths reported by physicians, 4; deaths reported by undertakers, 4; number of births reported, 5.

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COWLEY COUNTY—GEORGE EMERSON, M. D., County Health Officer.

Number of deaths from scarlet fever, 1; number of deaths from typhoid fever, 3; number of deaths from all causes during the quarter, 135; deaths reported by physicians, 7; deaths reported by undertakers, 135; number of births reported, 23; number of marriages reported, 68. Prevailing diseases during the quarter: Disorders of bowels and disease of lungs following la grippe.

CLARK COUNTY—W. F. TAYLOR, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 3; deaths reported by physicians, 2; deaths reported by undertakers, 3; number of births reported, 20; number of marriages reported, 2. Prevailing disease: Consumption.

CLAY COUNTY—SAM. E. REYNOLDS, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 40; deaths reported by physicians, 30; deaths reported by undertakers, 39; number of births reported, 23; number of marriages reported, 20.

CRAWFORD COUNTY—WM. H. WARNER, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 175; deaths reported by physicians, 43; deaths reported by undertakers, 151; number of births reported, 124; number of marriages reported, 61.

DECATUR COUNTY—WM. B. MEAD, M. D., County Health Officer.

Number of deaths from typoid fever, 1; number of deaths from all causes during the quarter, 2; deaths reported by physicians, 2; number of births reported, 9; number of marriages reported, 9. Prevailing disease during the quarter: Neuralgia.

DICKINSON COUNTY—E. E. HAZLETT, M. D., County Health Officer.

Number of deaths from scarlet fever, 2; number of deaths from typhoid fever, 2; number of deaths from all causes during the quarter, 82; deaths reported by physicians, 63; deaths reported by undertakers, 55; number of births reported, 117; number of marriages reported, 27. Prevailing disease during the quarter: Measles.

DOUGLAS COUNTY—W. Y. LEONARD, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 50; deaths reported by physicians, 9; deaths reported by undertakers, 50; number of births reported, 21; number of marriages reported, 30.

ELK COUNTY—W. F. FLACK, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 17; deaths reported by physicians, 17; deaths reported by undertakers, 20; number of births reported, 45; number of marriages reported, 28. Prevailing disease during the quarter: Typhoid fever.

FINNEY COUNTY—G. L. NEAL, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 11; deaths reported by physicians, 11; deaths reported by undertakers, 14; number of births reported, 16; number of marriages reported, 8.

FRANKLIN COUNTY—J. I. PARAMORE, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 16; deaths reported by physicians, 12; deaths reported by undertakers, 16; number of births reported, 25; number of marriages reported, 31. Prevailing diseases during the the quarter: Malaria, chills, and fever.

GEARY COUNTY—GEO. E. HARVEY, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 17; deaths reported by physicians, 3; deaths reported by undertakers, 17; number of births reported, 9; number of marriages reported, 22.

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GRAHAM COUNTY—JAMES NORRISH, M. D.

Number of deaths from all causes, 18; deaths reported by physicians, 7; deaths reported by undertakers, 11; number of births reported, 7; number of marriages reported, 18. Prevailing diseases during quarter: Bronchitis and bowel diseases.

GRANT COUNTY—J. H. LUCAS, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 1; deaths reported by physicians, 1; number of births reported, 6; number of marriages reported, 2. Prevailing disease during the quarter: La grippe.

HARPER COUNTY—C. E. BOWER, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 31; deaths reported by physicians, 19; deaths reported by undertakers, 12; number of births reported, 23; number of marriages reported, 8. Prevailing disease during the quarter: Malarial fever.

HARVEY COUNTY—G. D. BENNETT, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 29; deaths reported by physicians, 20; deaths reported by undertakers, 20; number of births reported, 14. Prevailing disease during the quarter: Malaria.

HASKELL COUNTY—S. P. CRESON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 3; deaths reported by physicians, 2; deaths reported by undertakers, 3; number of births reported, 11; number of marriages reported, 1. Prevailing disease during the quarter: Typho-malaria.

JEFFERSON COUNTY—E. C. RANKIN, M. D., County Health Officer.

Number of deaths from all causes, 28; deaths reported by physicians, 2; deaths reported by undertakers, 26; number of births reported, 31. Prevailing disease during the quarter: Malaria.

JEWELL COUNTY—WALTER CREW, M. D., County Health Officer.

Number of deaths from scarlet fever, 1; number of deaths from all causes during the quarter, 37; deaths reported by physicians, 4; deaths reported by undertakers, 33; number of births reported, 30; number of marriages reported, 24. Prevailing diseases during the quarter: Scarlet fever, lung fever, and measles.

JOHNSON COUNTY—C. G. MCKINLEY, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 27; deaths reported by physicians, 20; deaths reported by undertakers, 27; number of births reported, 36.

KEARNY COUNTY—GEO. C. W. RICHARDS, M. D., County Health Officer.

Number of marriages reported, 2.

LABETTE COUNTY—E. TANNER, M. D., County Health Officer.

Number of deaths from scarlet fever, 1; number of deaths from all causes during the quarter, 54; deaths reported by physicians, 31; deaths reported by undertakers, 40; number of births reported, 61; number of marriages reported, 42. Prevailing diseases during the quarter: Consumption, cholera infantum, and stomach trouble.

LANE COUNTY—F. L. ROWND, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 5; deaths reported by physicians, 3; deaths reported by undertakers, 5; number of births reported, 7; number of marriages reported, 1. Prevailing diseases during the quarter: La grippe, pneumonia, tonsilitis, etc.

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LEAVENWORTH COUNTY—D. R. PHILLIPS, M. D., County Health Officer.

Number of deaths from diphtheria, 1; number of deaths from all causes during the quarter, 89; deaths reported by physicians, 6; deaths reported by undertakers, 2; number of births reported, 105; number of marriages reported, 68. Prevailing disease during the quarter: Whooping cough.

LINCOLN COUNTY—HENRY M. HALL, M. D., County Health Officer.

Number of deaths from diphtheria, 3; number of deaths from all causes during the quarter, 26; deaths reported by physicians, 18; deaths reported by undertakers, 26; number of births reported, 26; number of marriages reported, 9. Prevailing diseases during the quarter: Malaria, measles, diphtheria, and rheumatic affections.

LINN COUNTY—J. W. SMOOT, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 6; deaths reported by physicians, 6; deaths reported by undertakers, 7; number of births reported, 20; number of marriages reported, 16. Prevailing diseases during the quarter: Fever and dysentery.

LYON COUNTY—C. H. WETMORE, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 14; deaths reported by physicians, 10; deaths reported by undertakers, 4; number of births reported, 22; number of marriages reported, 12. Prevailing diseases during the quarter: Malaria and rheumatism.

MARION COUNTY—C. A. LOOSE, M. D., County Health Officer.

Number of deaths from scarlet fever, 1; number of deaths from all causes during the quarter, 13; deaths reported by physicians, 8; deaths reported by undertakers, 13; number of births reported, 54; number of marriages reported, 23. Prevailing diseases during the quarter: Scarlet fever and measles.

McPHERSON COUNTY—J. E. BOUZE, M. D., County Health Officer.

Number of deaths from scarlet fever, 1; number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 31; deaths reported by physicians, 24; deaths reported by undertakers, 31; number of births reported, 88; number of marriages reported, 30.

MEADE COUNTY—C. BUTTON, M. D., County Health Officer.

Number of deaths from all causes, 1; number of births reported, 2; number of marriages reported, 2. Prevailing disease during the quarter: Pneumonia.

MIAMI COUNTY—D. H. JOHNSON, M. D., County Health Officer.

Number of deaths reported by physicians, 3; number of deaths reported by undertakers, 4. Prevailing disease during the quarter: Malaria.

MITCHELL COUNTY—I. R. SWIGART, M. D., County Health Officer.

Number of deaths from scarlet fever, 2; number of deaths from all causes during the quarter, 36; deaths reported by physicians, 30; deaths reported by undertakers, 36; number of births reported, 58; number of marriages reported, 25. Prevailing disease during the quarter: Measles.

MORTON COUNTY—E. C. MILLER, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 1; deaths reported by undertakers, 1; number of births reported, 1. Prevailing disease: Malarial fever.

NEMAHA COUNTY—I. H. MAGILL, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 8; deaths reported by physicians, 8; number of births reported, 22.

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NEOSHO COUNTY—GEO. H. BROWN, M. D., County Health Officer.

Number of deaths from scarlet fever, 1; number of deaths from all causes during the quarter, 9; deaths reported by physicians, 9; deaths reported by undertakers, 18; number of births reported, 35; number of marriages reported, 37. Prevailing disease during the quarter: Malaria.

NORTON COUNTY—N. L. JONES, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 10; deaths reported by physicians, 4; deaths reported by undertakers, 6; number of births reported, 16; number of marriages reported, 19. Prevailing disease during the quarter: Pneumonia.

OTTAWA COUNTY—JOSEPH F. BREWER, M. D., County Health Officer.

Number of deaths reported by physicians, 12; deaths reported by undertakers, 22; number of births reported, 32; number of marriages reported, 18.

PHILLIPS COUNTY—H. D. BROTHERS, M. D., County Health Officer.

Number of deaths from diphtheria, 2; number of deaths from all causes during the quarter, 18; deaths reported by physicians, 14; deaths reported by undertakers, 18; number of births reported, 26; number of marriages reported, 25.

RAWLINS COUNTY—J. L. CONSTABLE, M. D., County Health Officer.

Number of deaths from diphtheria, 4; number of deaths from scarlet fever, 2; number of deaths from all causes during the quarter, 11; deaths reported by undertakers, 11; number of marriages reported, 11. Prevailing disease during the quarter: Diphtheria.

RENO COUNTY—A. W. MCKINNEY, M. D.

Number of deaths from diphtheria, 2; number of deaths from scarlet fever, 2; number of deaths from typhoid fever, 1; number of deaths from all causes during quarter, 42; deaths reported by physicians, 12; deaths reported by undertakers, 30; number of births reported, 62; number of marriages reported, 50. Most prevailing disease: Scarlet fever.

REPUBLIC COUNTY—J. S. BILLINGSLEY, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 50; deaths reported by physicians, 29; deaths reported by undertakers, 28; number of births reported, 70; number of marriages reported, 32. Prevailing disease during the quarter: Measles.

RICE COUNTY—W. W. SPIERS, M. D., County Health Officer.

Number of deaths from scarlet fever, 2; number of deaths from all causes during the quarter, 30; deaths reported by physicians, 14; deaths reported by undertakers, 16; number of births reported, 44; number of marriages reported, 29.

RILEY COUNTY—B. F. MORGAN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 12; deaths reported by physicians, 7; deaths reported by undertakers, 12; number of births reported, 9; number of marriages reported, 13. Prevailing diseases during the quarter: None of any consequence.

RUSSELL COUNTY—J. W. ROBB, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 14; number of deaths from measles, 1; deaths reported by physicians, 6; deaths reported by undertakers, 8; number of births reported, 6. Prevailing disease during the quarter: Measles.

RUSH COUNTY—W. H. FERGUSON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 6; deaths reported by physicians, 5; deaths reported by undertakers, 3; number of births reported, 10; number of marriages reported, 3. Prevailing disease during the quarter: Influenza.

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SCOTT COUNTY—GEORGE FINKENBINDER, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 4; deaths reported by physicians, 4; deaths reported by undertakers, 4; number of births reported, 3; number of marriages reported, 3. Prevailing disease during the quarter: Pneumonia.

SEWARD COUNTY—GEO. S. SMITH, M. D., County Health Officer.

Number of births reported, 1; number of marriages reported, 1. Prevailing diseases during the quarter: Diarrhœa and dysentery.

SEDGWICK COUNTY—P. D. ST. JOHN, M. D., County Health Officer.

Number of deaths from scarlet fever, 2; number of deaths from typhoid fever, 1; deaths reported by physicians, 41; deaths reported by undertakers, 121; number of births reported, 62; number of marriages reported, 102. Prevailing disease during the quarter: Scarlet fever.

SHERIDAN COUNTY—D. M. FREEMAN, M. D., County Health Officer.

Number of deaths from all causes, 6; number of births reported, 13; number of marriages reported, 11. Prevailing disease during the quarter: Paralysis.

SHERMAN COUNTY—FRANK H. SMITH, M. D., County Health Officer.

Number of deaths from diphtheria, 3; number of deaths from all causes during the quarter 13; deaths reported by physicians, 3; deaths reported by undertakers, 10; number of births reported, 17; number of marriages reported, 13. Prevailing diseases during the quarter: La grippe, pneumonia, and diphtheria.

SMITH COUNTY—B. W. SLAGLE, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 18; deaths reported by physicians, 10; deaths reported by undertakers, 18; number of births reported, 40; number of marriages reported, 30. Prevailing diseases during the quarter: None.

STANTON COUNTY—JOHN E. WHITECRAFT, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 1; number of marriages reported, 1. Prevailing disease during the quarter: Torpid liver.

STEVENS COUNTY—C. L. EBNOTHER, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 2; deaths reported by physicians, 2; number of births reported, 8; number of marriages reported, 2.

SUMNER COUNTY—W. MORGAN MARTIN, M. D., County Health Officer.

Number of deaths from diphtheria, 2; number of deaths from typhoid fever, 4; number of deaths from all causes during the quarter, 44; deaths reported by physicians, 37; deaths reported by undertakers, 22; number of births reported, 93; number of marriages reported, 40. Prevailing diseases during the quarter: Measles, scarlet fever, typhoid fever, and diphtheria.

WABAUNSEE COUNTY—E. SCHEIDT, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 28; deaths reported by physicians, 13; deaths reported by undertakers, 28; number of births reported, 37; number of marriages reported, 13. Prevailing disease during the quarter: Pneumonia.

WALLACE COUNTY—J. T. NEWTON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 4; deaths reported by physicians, 2; deaths reported by undertakers, 4; number of births reported, 13; number of marriages reported, 6.

WASHINGTON COUNTY—J. H. GREEN, M. D., County Health Officer.

Number of deaths from scarlet fever, 7; number of deaths from typhoid fever, 1; ...er of deaths from all causes during the quarter, 35; deaths reported by physi

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cians, 27; deaths reported by undertakers, 8; number of births reported, 60; number of marriages reported, 88. Prevailing disease during the quarter: Measles.

WILSON COUNTY—A. N. PERKINS, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; deaths reported by physicians, 4; deaths reported by undertakers, 8; number of births reported, 24; number of marriages reported, 22.

WOODSON COUNTY—S. J. BACON, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 15; deaths reported by physicians, 10; deaths reported by undertakers, 5; number of births reported, 27; number of marriages reported, 13. Prevailing diseases during the quarter: La grippe, consumption, and typhoid fever.

WYANDOTTE COUNTY—H. M. DOWNS, M. D., County Health Officer.

Number of deaths from scarlet fever, 3; number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 181; deaths reported by physicians, 181; deaths reported by undertakers, 181; number of births reported, 102; number of marriages reported, 158.

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PROCEEDINGS OF THE BOARD—MINUTES OF THE THIRD QUARTERLY MEETING.

TOPEKA, KAS., August 29, 1893.

The regular quarterly meeting of the State Board of Health was held in the city of Topeka on the above date. Members present: Doctors Swarts, Stewart, Daugherty, Anderson, Jenney, and Hoover. Doctor Swallow being absent, Doctor Swarts was elected President *pro tem.*

The first order of business was the election of a State Chemist. The following doctors were placed in nomination, viz.: Gilbert, Cox, and Powell. On the third ballot, Dr. L. M. Powell received a majority of the votes cast, and was declared elected.

The election of two delegates to attend the American Public Health Association, at Chicago, October 9 to 14, inclusive, was the next order of business. Doctors J. P. Stewart and Frank Swallow were chosen as delegates.

The following bills have been allowed to date, since July 1, 1893:

Doctor Anderson,	expenses	attending	Board	meeting	.....	$12 00
Doctor Jenney,	"	"	"	"	.....	11 00
Doctor Stewart,	"	"	"	"	.....	30 00
Doctor Swarts,	"	"	"	"	.....	14 00
Doctor Hoover,	"	"	"	"	.....	14 74
Doctor Daugherty,	"	"	"	"	.....	8 00
Doctor Hoover,	"	"	"	"	.....	29 38
Doctor Swarts,	"	"	"	"	.....	7 00
Doctor Swallow,	"	"	"	"	.....	8 70
Doctor Anderson,	"	"	"	"	.....	21 00
Doctor Stewart,	"	"	"	"	.....	20 00
Doctor Hill,	"	"	"	"	.....	16 50
Doctor Hill,	"	"	"	"	.....	16 50
Doctor Hill, special sanitary work					.....	25 00
Doctor Dykes, postage and rent					.....	81 60
Doctor Dykes, expenses of office					.....	35 00

Board adjourned.

H. A. DYKES, M. D., *Secretary.*

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SECRETARY'S REPORT FOR THIRD QUARTER, 1893.

Quarterly reports of county health officers for the third quarter, ending September 30, 1893, of the births, deaths, marriages, and most prevailing diseases during the quarter:

ANDERSON COUNTY—JOHN A. HENNING, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; deaths reported by physicians, 5; deaths reported by undertakers, 16; number of births reported, 16; number of marriages reported, 25. Prevailing diseases during the quarter: Malarial fever and diarrhœa.

ATCHISON COUNTY—P. S. MITCHELL, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 60; deaths reported by physicians, 20; deaths reported by undertakers, 60; number of births reported, 77; number of marriages reported, 77. Prevailing diseases during the quarter: Cholera infantum and remittent and intermittent fever.

BARBER COUNTY—J. D. KARR, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 14; deaths reported by physicians, 5; deaths reported by undertakers, 14; number of births reported, 20; number of marriages reported, 12. Prevailing disease during the quarter: Malaria.

BUTLER COUNTY—J. A. MCKENZIE, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 14; deaths reported by physicians, 14; number of births reported, 60. Prevailing diseases during the quarter: Malaria and scarlet fever.

CHASE COUNTY—ANDREW WELTE, M. D., County Health Officer.

Number of deaths reported by physicians, 7; deaths reported by undertakers, 15; number of births reported, 17; number of marriages reported, 7.

CHEROKEE COUNTY—J. H. BAXTER, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 80; deaths reported by physicians, 90; deaths reported by undertakers 10; number of births reported, 100; number of marriages reported, 75. Prevailing disease during the quarter: Continued fever.

CHEYENNE COUNTY—H. A. TRACY, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 3; deaths reported by undertakers, 3; number of marriages reported, 9. Prevailing disease during the quarter: Nothing special.

COMANCHE COUNTY—J. S. HALLIDAY, M. D., County Health Officer.

Number of deaths reported by physicians, 3; deaths reported by undertakers, 1; number of births reported, 12. Prevailing disease during the quarter: Cholera infantum.

CLARK COUNTY—W. F. TAYLOR, M. D., County Health Officer.

Number of deaths reported from all causes during the quarter, 3; deaths reported by physicians, 2; deaths reported by undertakers, 3; number of births reported, 14; number of marriages reported, 4. Prevailing disease during the quarter: Bowel trouble.

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CLAY COUNTY—SAM. E. REYNOLDS, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 51; deaths reported by physicians, 39; deaths reported by undertakers, 51.

COWLEY COUNTY—GEORGE EMERSON, M. D., County Health Officer.

Number of deaths from scarlet fever, 3; number of deaths from all causes during the quarter, 116; deaths reported by physicians, 6; deaths reported by undertakers, 116; number of births reported, 19. Prevailing diseases during the quarter: Cholera infantum, typhoid and malarial fever.

CRAWFORD COUNTY—W. H. WARNER, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 85; deaths reported by physicians, 35; deaths reported by undertakers, 75; number of births reported, 102; number of marriages reported, 65. Prevailing disease during the quarter: Typhoid fever.

DECATUR COUNTY—WILLIAM B. MEAD, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 6; deaths reported by physicians, 4; deaths reported by undertakers, 2; number of births reported, 10; number of marriages reported, 5.

DICKINSON COUNTY—E. E. HAZLETT, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 87; deaths reported by physicians, 88; deaths reported by undertakers, 77; number of births reported, 117; number of marriages reported, 27. Prevailing disease during the quarter: Malarial fever.

DOUGLAS COUNTY—W. Y. LEONARD, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 62; deaths reported by physicians, 13; deaths reported by undertakers, 62; number of births reported, 42; number of marriages reported, 34.

ELLIS COUNTY—HUGO B. KOHL, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 13; deaths reported by physicians, 9; deaths reported by undertakers, 2; number of births reported, 19; number of marriages reported, 8. Prevailing disease during the quarter: Scarlet fever.

FINNEY COUNTY—G. W. COFFMAN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 5; deaths reported by physicians, 5; deaths reported by undertakers, 5; number of births reported, 6; number of marriages reported, 5. Prevailing diseases during the quarter: Typhoid malarial and intestinal troubles.

FORD COUNTY—T. L. MCCARTY, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 17; deaths reported by physicians, 6; deaths reported by undertakers, 17; number of births reported, 20. Prevailing diseases during the quarter: Typhoid fever and bowel troubles of children.

GRAHAM COUNTY—JAMES NORRISH, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 19; deaths reported by physicians, 9; deaths reported by undertakers, 19; number of births reported, 7; number of marriages reported, 11. Prevailing diseases during the quarter: Diarrhœa and dysentery.

GREENWOOD COUNTY—F. W. WATSON, M. D., County Health Officer.

Number of deaths reported from all causes during the quarter, 37; deaths reported by physicians, 30; deaths reported by undertakers, 37; number of births

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reported, 28; number of marriages reported, 20. Prevailing disease during the quarter: Typhoid fever.

GEARY COUNTY—C. E. STEADMAN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 31; deaths reported by physicians, 2; deaths reported by undertakers, 31; number of births reported, 19; number of marriages reported, 19. Prevailing diseases during the quarter: Typho-malarial and intermittent fevers.

HARPER COUNTY—C. E. BOWERS, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 35; deaths reported by physicians, 17; deaths reported by undertakers, 17; number of births reported, 28; additional births reported for quarter ending March 31, 1893, 3; additional births reported for quarter ending June 30, 1893, 11; number of marriages reported, 16. Prevailing disease during the quarter: Typho-malarial fever.

HASKELL COUNTY—S. P. CRESON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 3; deaths reported by physicians, 3; deaths reported by undertakers, 3; number of births reported, 9. Prevailing disease during the quarter: Dysentery in mild form.

JEFFERSON COUNTY—E. C. RANKIN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 5; deaths reported by physicians, 2; number of births reported, 29. Prevailing diseases during the quarter: Malarial fever and inremittent germ.

JEWELL COUNTY—WALTER CREW, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 29; number of births reported, 31; number of marriages reported, 32. Prevailing diseases during the quarter: Pneumonia, and diarrhœa of children.

JOHNSON COUNTY—C. G. MCKINLEY, M. D., County Health Officer.

Number of deaths from diphtheria, 1; number of deaths from typhoid fever, 2; deaths reported by physicians, 18; deaths reported by undertakers, 40; number of births reported, 48.

KEARNY COUNTY—GEO. C. W. RICHARDS, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 2; deaths reported by physicians, 1; number of births reported, 2. Prevailing disease during the quarter: Diarrhœa.

KIOWA COUNTY—J. A. MILLIGAN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 10; deaths reported by physicians, 10; deaths reported by undertakers, 10; number of births reported, 32; number of marriages reported, 14. Prevailing diseases during the quarter: Dysentery and malarial fever.

LABETTE COUNTY—E. TANNER, M. D., County Health Officer.

Number of deaths from typhoid fever, 13; number of deaths from diphtheria, 1; number of deaths from all causes during the quarter, 65; deaths reported by physicians, 45; deaths reported by undertakers, 40; number of births reported, 43; number of marriages reported, 25. Prevailing diseases during the quarter: Typhoid fever, cholera infantum, and Bright's disease.

LANE COUNTY—F. L. ROWND, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 4; deaths reported by physicians, 3; deaths reported by undertakers, 4; number of births reported, 4; number of marriages reported, 4. Prevailing disease during the quarter: Malaria.

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LEAVENWORTH COUNTY—D. R. PHILLIPS, M. D., County Health Officer.

Number of deaths from diphtheria, 2; number of deaths from all causes during the quarter, 115; deaths reported by physicians,* 3; deaths reported by undertakers, 15; number of births reported, 136; number of marriages reported, 46. Prevailing diseases during the quarter: Cholera infantum, malaria, diphtheria, whooping cough.

LINCOLN COUNTY—H. M. HALL, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 27; deaths reported by physicians, 21; deaths reported by undertakers, 27; number of births reported, 44; number of marriages reported, 27. Prevailing disease during the quarter: Nothing special.

LOGAN COUNTY—J. A. NORRIS, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 6; deaths reported by physicians, 6; deaths reported by undertakers, 4; number of births reported, 12. Prevailing disease during the quarter: Malarial fever.

LINN COUNTY—J. W. SMOOT, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 32; deaths reported by physicians, 3; deaths reported by undertakers, 29; number of births reported, 10; number of marriages reported, 26. Prevailing diseases during the quarter: Various diseases.

LYON COUNTY—C. H. WETMORE, M. D., County Health Officer.

Number of deaths from typhoid fever, 3; number of deaths from all causes during the quarter, 37; deaths reported by physicians, 22; deaths reported by undertakers, 15; number of births reported, 60. Prevailing disease during the quarter: Malaria.

MARION COUNTY—C. A. LOOSE, M. D., County Health Officer.

Number of deaths from diphtheria, 2; number of deaths from typhoid fever, 3; number of deaths from all causes during the quarter, 31; deaths reported by physicians, 31; deaths reported by undertakers, 25; number of births reported, 72; number of marriages reported, 25. Prevailing diseases during the quarter: Fevers and cholera infantum.

MARSHALL COUNTY—E. L. WILLSON, M. D., County Health Officer.

Number of deaths from diphtheria, 1; number of deaths from all causes during the quarter, 43; deaths reported by physicians, 11; deaths reported by undertakers, 32; number of births reported, 46; number of marriages reported, 64. Prevailing diseases during the quarter: Diseases of children, consumption, and brain fever.

MCPHERSON COUNTY—J. E. ROUZE, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 51; deaths reported by physicians, 18; deaths reported by undertakers, 51; number of births reported, 81; number of marriages reported, 24.

MEADE COUNTY—C. BUTTON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 3; deaths reported by physicians, 2; number of births reported, 7; number of marriages reported, 4. Prevailing disease during the quarter: Scarlet fever.

MIAMI COUNTY—D. H. JOHNSON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 9; deaths reported by physicians, 9; deaths reported by undertakers, 9; number of births reported, 32; number of marriages reported, 64. Prevailing disease during the quarter: Malarial fever.

*C. M. England, M. D., prison physician at the State Penitentiary, also reports four deaths at the Penitentiary during the quarter ending September 30, 1894.

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MITCHELL COUNTY—I. R. SWIGART, M. D., County Health Officer.

Number of deaths from diphtheria, 1; number of deaths from scarlet fever, 2; number of deaths from typhoid fever, 2; number of deaths from all causes during the quarter, 46; deaths reported by physicians, 44; deaths reported by undertakers, 40; number of births reported, 73; number of marriages reported, 20. Prevailing diseases during the quarter: Diarrhœa, cholera infantum, nephritis, heart disease.

MORTON COUNTY—E. C. MILLER, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 1; deaths reported by physicians, 1; deaths reported by undertakers, 1; number of births reported, 2. Prevailing disease during the quarter: Typhoid-malarial fever.

NEMAHA COUNTY—I. H. MAGILL, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 15; deaths reported by physicians, 15; number of births reported, 31.

NEOSHO COUNTY—G. H. BROWN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 36; deaths reported by physicians, 24; deaths reported by undertakers, 36; number of births reported, 70; number of marriages reported, 22. Prevailing diseases during the quarter: Typhoid-malarial fever and cholera infantum.

OSBORNE COUNTY—M. F. HUDSON, M. D., County Health Officer.

Number of births reported, 15.

OTTAWA COUNTY—J. F. BREWER, M. D., County Health Officer.

Number of deaths from diphtheria, 1; number of deaths from typhoid fever, 2; deaths reported by physicians, 22; deaths reported by undertakers, 30; number of births reported, 86; number of marriages reported, 19. Prevailing disease during the quarter: Malaria.

PAWNEE COUNTY—J. M. CUMMINS, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 5; deaths reported by physicians, 5; deaths reported by undertakers, 5; number of births reported, 10; number of marriages reported, 15. Prevailing disease during the quarter: None.

PHILLIPS COUNTY—H. D. BROTHERS, M. D., County Health Officer.

Number of deaths from scarlet fever, 1; number of deaths from all causes during the quarter, 15; deaths reported by physicians, 10; deaths reported by undertakers, 12; number of births reported, 30; number of marriages reported, 17. Prevailing diseases during the quarter: Typhoid and scarlet fevers.

RAWLINS COUNTY—J. L. CONSTABLE, County Health Officer.

Number of deaths from all causes during the quarter, 21; deaths reported by physicians, 8; deaths reported by undertakers, 13; number of births reported, 12; number of marriages reported, 2. Prevailing diseases during the quarter: Cholera infantum.

REPUBLIC COUNTY—J. S. BILLINGSLEY. M. D., County Health Officer.

Number of deaths from typhoid fever, 5; number of deaths from all causes during the quarter, 52; deaths reported by physicians, 38; deaths reported by undertakers, 52; number of births reported, 78; number of marriages reported, 26. Prevailing diseases during the quarter: Typhoid fever and intestinal disorders.

RICE COUNTY—W. W. SPIERS, M. D., County Health Officer.

Number of deaths from typhoid fever, 5; number of deaths from all causes during the quarter, 40; deaths reported by physicians, 31; deaths reported by undertakers,

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9; number of births reported, 86; number of marriages reported, 28. Prevailing disease during the quarter: Typhoid fever.

RILEY COUNTY—F. F. MORGAN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 15; deaths reported by physicians, 6; deaths reported by undertakers, 15; number of births reported, 19; number of marriages reported, 23. Prevailing disease during the quarter: Malarial fever.

ROOKS COUNTY—W. B. CALLENDER, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 18; deaths reported by physicians, 2; deaths reported by undertakers, 16; number of births reported, 22; number of marriages reported, 19. Prevailing disease during the quarter: None in particular.

RUSH COUNTY—W. H. FERGUSON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 4; deaths reported by physicians, 4; deaths reported by undertakers, 4; number of births reported, 11; number of marriages reported, 6. Prevailing disease during the quarter: Disease of the digestive organs.

SCOTT COUNTY—GEO. FINKENBINDER, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 7; deaths reported by physicians, 7; deaths reported by undertakers, 7; number of marriages reported, 1. Prevailing disease during the quarter: Whooping cough.

SEDGWICK COUNTY—P. D. ST. JOHN, M. D., County Health Officer.

Number of deaths from typhoid fever, 4; deaths reported by physicians, 51; deaths reported by undertakers, 90; number of births reported, 111; number of marriages reported, 108. Prevailing diseases during the quarter: Typhoid fever and malarial fever.

SHERIDAN COUNTY—D. M. FREEMAN, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 3; deaths reported by physicians, 3; deaths reported by undertakers, 3; number of births reported, 9; number of marriages reported, 8. Prevailing diseases during the quarter: Typhoid fever, convulsions, and cholera infantum.

SHERMAN COUNTY—FRANK H. SMITH, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 14; deaths reported by physicians, 4; deaths reported by undertakers, 14; number of births reported, 17; number of marriages reported, 14.

STEVENS COUNTY—C. L. EBNOTHER, M. D., County Health Officer.

Number of deaths from typhoid fever, 1; number of deaths from all causes during the quarter, 4; deaths reported by physicians, 4; number of births reported, 8; number of marriages reported, 5. Prevailing disease during the quarter: Typhoid malaria.

SMITH COUNTY—B. W. SLAGLE, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 19; deaths reported by physicians, 14; deaths reported by undertakers, 19; number of births reported, 54; number of marriages reported, 27.

STAFFORD COUNTY—J. P. H. DYKES, M. D., County Health Officer.

Number of deaths from typhoid fever, 3; number of deaths from all causes during the quarter, 27; deaths reported by physicians, 17; number of births reported, 31. Prevailing diseases during the quarter: Typhoid fever and cholera infantum.

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STANTON COUNTY—JOHN E. WHITECRAFT, M. D., County Health Officer.

Number of births reported, 1.

THOMAS COUNTY—J. W. MARTIN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 6; deaths reported by physicians, 6; number of births reported, 17; number of marriages reported, 7.

WABAUNSEE COUNTY—THOMAS MORRIS, M. D., County Health Officer.

Number of deaths from diphtheria, 1; number of deaths from all causes during the quarter, 25; deaths reported by physicians, 12; deaths reported by undertakers, 13; number of births reported, 39; number of marriages reported, 8.

WALLACE COUNTY—J. T. NEWTON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 3; deaths reported by undertakers, 1; number of births reported, 1; number of marriages reported, 2.

WASHINGTON COUNTY—J. H. GREEN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 55; deaths reported by physicians, 50; deaths reported by undertakers, 5; number of births reported, 86; number of marriages reported, 26. Prevailing diseases during the quarter: Diseases of alimentary canal.

WILSON COUNTY—A. N. PERKINS, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 30; deaths reported by physicians, 5; number of births reported, 35; number of marriages reported, 29. Prevailing disease during the quarter: Malaria.

WOODSON COUNTY—S. J. BACON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 20; deaths reported by physicians, 10; deaths reported by undertakers, 10; number of births reported, 32; number of marriages reported, 12. Prevailing diseases during the quarter: Cholera infantum and consumption.

WYANDOTTE COUNTY—HOWARD M. CORNELL, M. D., County Health Officer.

Number of deaths from diphtheria, 1; number of deaths from scarlet fever, 4; number of deaths from typhoid fever, 4; number of deaths from all causes during the quarter, 208; deaths reported by physicians, 208; deaths reported by undertakers, 208; number of births reported, 161; number of marriages reported, 180. Prevailing diseases during the quarter: Scarlet fever and summer diarrhœa.

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PROCEEDINGS OF THE BOARD—MINUTES OF THE FOURTH QUARTERLY MEETING.

TOPEKA, KAS., December 5, 1893.

The regular quarterly meeting of the State Board of Health was held in the city of Topeka, December 5, 1893. Members present: Doctors Swallow, Daugherty, Swarts, and the Secretary, H. A. Dykes, M. D. The minutes of the last meeting were read and approved.

Doctors Stewart and Swallow were called upon for a brief report of the American Public Health Association, which convened in Chicago, October 9, and they made a short talk relative to the health matters which were ably discussed at the Chicago meeting.

The Secretary made a report in reference to the contagious diseases prevalent in the state. On motion, the Secretary was instructed to confer with the attorney general in regard to the validity of the law relative to births and deaths.

The following bills were presented and allowed:

Doctor Swallow, expenses attending Board meeting	$4 56
Doctor Daugherty, " " " "	8 00
Doctor Anderson, " " " "	6 00
Doctor Hoover, " " " "	14 74
Doctor Stewart, " " " "	10 00
Doctor Swarts, " " " "	7 00
Doctor Powell, Chemist, expenses attending Board meeting	5 00
Doctor Stewart, expenses attending American Public Health Association	125 00
Doctor Swallow, expenses attending American Public Health Association	98 00
Doctor Dykes, rent, postage, etc	249 95

Board adjourned.

H. A. DYKES, M. D., *Secretary.*

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SECRETARY'S REPORT FOR FOURTH QUARTER, 1893.

Quarterly reports of county health officers for the fourth quarter, ending December 31, 1893, of the births, deaths, marriages and most prevailing disease were as follows:

CLARK COUNTY—W. F. TAYLOR, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 2; deaths reported by physicians, 2; deaths reported by undertakers, 2; number of births reported, 5; number of marriages reported, 3. Prevailing disease during the quarter: Influenza.

CLAY COUNTY—SAM. E. REYNOLDS, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 58; deaths reported by physicians, 57; deaths reported by undertakers, 58; number of births reported, 46; number of marriages reported, 53. Prevailing diseases during the quarter: Malarial and lung fevers.

COWLEY COUNTY—GEO. EMERSON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 102; deaths reported by physicians, 14; deaths reported by undertakers, 102; number of births reported, 26. Prevailing diseases during the quarter: La grippe, pneumonia, and measles.

DICKINSON COUNTY—E. E. HAZLETT, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 52; deaths reported by physicians, 37; deaths reported by undertakers, 38; number of births reported, 121; number of marriages reported, 27. Prevailing diseases during the quarter: Diseases of the respiratory tract.

ELK COUNTY—W. F. FLACK, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 22; deaths reported by physicians, 22; deaths reported by undertakers, 30; number of births reported, 61; number of marriages reported, 11. Prevailing diseases during the quarter: Typho-malarial fever and bowel difficulties.

FORD COUNTY—T. L. MCCARTY, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 19; deaths reported by physicians, 5; deaths reported by undertakers, 14; number of births reported, 8. Prevailing diseases during the quarter: Scarlet fever and la grippe.

GREELEY COUNTY—F. B. MOORE, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 2; deaths reported by physicians, 2; deaths reported by undertakers, 2; number of births reported, 9. Prevailing diseases during the quarter: Scarlet rash, typhoid fever, and la grippe.

HAMILTON COUNTY—W. C. BOGGS, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 6; deaths reported by physicians, 2; number of births reported, 7; number of marriages reported, 2. Prevailing diseases during the quarter: La grippe, pneumonia, and rheumatism.

HARVEY COUNTY—G. D. BENNETT, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 6; deaths reported by physicians, 6; deaths reported by undertakers, 8; number of births reported, 24. Prevailing diseases during the quarter: Malaria, continued fever, and rheumatism.

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HASKELL COUNTY—S. A. CLINE, M. D., County Health Officer.

Number of births reported, 6; number of marriages reported, 1. Prevailing disease during the quarter: La grippe.

JEWELL COUNTY—WALTER CREW, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 56; deaths reported by physicians, 25; deaths reported by undertakers, 31; number of births reported, 72; number of marriages reported, 38. Prevailing diseases during the quarter: Pneumonia, scarlet fever, and measles.

JOHNSON COUNTY—C. G. MCKINLEY, M. D., County Health Officer.

Number of deaths reported by physicians, 18; deaths reported by undertakers, 24; number of births reported, 53. Prevailing diseases during the quarter: Nothing special.

LABETTE COUNTY—E. TANNER, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 54; deaths reported by physicians, 48; deaths reported by undertakers, 42; number of births reported, 46; number of marriages reported, 20. Prevailing diseases during the quarter: Typho-malaria, la grippe, and pneumonia.

LANE COUNTY—F. L. ROWND, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 5; deaths reported by physicians, 2; deaths reported by undertakers, 5; number of births reported, 1; number of marriages reported, 2.

LEAVENWORTH COUNTY—D. R. PHILLIPS, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 116; deaths reported by undertakers, 110; number of births reported, 119; number of marriages reported, 78. Prevailing diseases during the quarter: Diphtheria, pneumonia, and measles.

LINCOLN COUNTY—H. M. HALL, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 24; deaths reported by physicians, 16; deaths reported by undertakers, 24; number of births reported, 33; number of marriages reported, 16. Prevailing diseases during the quarter: La grippe, measles, scarlet fever, malarial fever, and pneumonia.

LYON COUNTY—C. H. WETMORE, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 26; deaths reported by physicians, 12; deaths reported by undertakers, 14; number of births reported, 20. prevailing disease during the quarter: Influenza.

MARION COUNTY—O. F. PEMBERT, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 10; deaths reported by physicians, 6; deaths reported by undertakers, 10; number of births reported, 12; number of marriages reported, 26. Prevailing disease during the quarter: Scarlet fever.

MCPHERSON COUNTY—J. E. ROCKEL, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 45; deaths reported by physicians, 34; deaths reported by undertakers, 45; number of births reported, 117; number of marriages reported, 43. Prevailing diseases during the quarter: La grippe, pneumonia, scarlet fever, diphtheria, typhoid fever, measles, and malarial fever.

MIAMI COUNTY—C. BUTTON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 3; deaths reported by physicians, 3; number of births reported, 6; number of marriages reported, 5. Prevailing disease during the quarter: La grippe.

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MIAMI COUNTY—D. H. JOHNSON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 8; deaths reported by physicians, 8; deaths reported by undertakers, 12; number of births reported, 18; number of marriages reported, 40. Prevailing diseases during the quarter: No prevailing diseases.

MITCHELL COUNTY—I. R. SWIGART, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 43; deaths reported by physicians, 43; deaths reported by undertakers, 43; number of births reported, 67; number of marriages reported, 25. Prevailing diseases during the quarter: La grippe, pneumonia, and consumption.

MORRIS COUNTY—Z. T. HARVEY, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 18; deaths reported by physicians, 6; number of births reported, 25. Prevailing diseases during the quarter: Malaria, diphtheria, and la grippe.

OSBORNE COUNTY—M. F. HUDSON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 16; deaths reported by physicians, 6; deaths reported by undertakers, 6; number of births reported, 12; number of marriages reported, 27. Prevailing diseases during the quarter: Bilious trouble, typho-malaria, typhoid fever, and diarrhœa.

OTTAWA COUNTY—J. F. BREWER, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 15; deaths reported by physicians, 15; deaths reported by undertakers, 22; number of births reported, 41; number of marriages reported, 28. Prevailing diseases during the quarter: Typhoid and catarrhal fevers.

PRATT COUNTY—W. H. EVERSON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 22; deaths reported by undertakers, 22; number of births reported, 21. Prevailing disease during the quarter: Typho-malarial fever.

RAWLINS COUNTY- J. L. CONSTABLE, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 8; deaths reported by physicians, 3; deaths reported by undertakers, 5; number of births reported, 6; number of marriages reported, 5. Prevailing disease during the quarter: Inflammation of the stomach.

RENO COUNTY—R. B. WILSON, M. D., County Health Officer.

Number of deaths reported by undertakers, 65; number of births reported, 75; number of marriages reported, 60. Prevailing diseases during the quarter: La grippe and typhoid fever.

REPUBLIC COUNTY—J. S. BILLINGSLEY, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 30; deaths reported by physicians, 30; deaths reported by undertakers, 30; number of births reported, 110; number of marriages reported, 53. Prevailing diseases during the quarter: Influenza and catarrhal troubles.

RILEY COUNTY—B. F. MORGAN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 11; deaths reported by physicians, 11; deaths reported by undertakers, 28; number of births reported, 18; number of marriages reported, 36. Prevailing diseases during the quarter: Pneumonia, la grippe, and bronchitis.

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RUSH COUNTY—W. H. FERGUSON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 4; deaths reported by physicians, 2; number of births reported, 16; number of marriages reported, 10. Prevailing disease during the quarter: Catarrhal.

SALINE COUNTY—J. W. JENNEY, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 21; deaths reported by physicians, 16; deaths reported by undertakers, 21; number of births reported, 58; number of marriages reported, 36. Prevailing diseases during the quarter: Bronchial and pulmonary.

SEWARD COUNTY—GEO. S. SMITH, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 4; deaths reported by physicians, 4; deaths reported by undertakers, 4; number of births reported, 7; number of marriages reported, 6. Prevailing diseases during the quarter: Scarlet fever and la grippe.

SHERIDAN COUNTY—D. M. FREEMAN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 10; deaths reported by physicians, 10; deaths reported by undertakers, 10; number of births reported, 14; number of marriages reported, 8. Prevailing diseases during the quarter: None.

SHERMAN COUNTY—FRANK H. SMITH, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 5; deaths reported by physicians, 4; deaths reported by undertakers, 5; number of births reported, 24; number of marriages reported, 12. Prevailing disease during the quarter: La grippe.

SMITH COUNTY—B. W. SLAGLE, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 21; deaths reported by physicians, 17; deaths reported by undertakers, 20; number of births reported, 89; number of marriages reported, 48. Prevailing disease during the quarter: La grippe.

WALLACE COUNTY—J. T. NEWTON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 1; deaths reported by physicians, 1; deaths reported by undertakers, 1; number of births reported, 8; number of marriages reported, 2.

WASHINGTON COUNTY—J. H. GREEN, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 46; deaths reported by physicians, 35; deaths reported by undertakers, 11; number of births reported, 82; number of marriages reported, 44. Prevailing diseases during the quarter: Scarlet fever and catarrhal fever.

WOODSON COUNTY—S. J. BACON, M. D., County Health Officer.

Number of deaths from all causes during the quarter, 19; deaths reported by physicians, 5; deaths reported by undertakers, 14; number of births reported, 26; number of marriages reported, 26. Prevailing diseases during the quarter: Typhoid fever, consumption, and lung fever.

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ANNUAL REPORTS OF COUNTY HEALTH OFFICERS FOR 1893.

The following is a copy of the blank sent out by the Board of Health, on which the county health officers were requested to make report:

ANNUAL REPORT OF COUNTY HEALTH OFFICER, ... COUNTY.

....., KAS., December 31, 1893.

Number of deaths during year.....
Number of births during year.....
Number of contagious diseases.....
Number of marriages.....
Number of fumigations after contagious diseases.....
Number of nuisances abated.....
Number of dead animals buried.....
How is the water supply?.....
How is the general health of your county?.....
What have been the prevailing diseases in your county?.....
In your opinion, what caused them?.....
What is the population of your county?.....
How many regular physicians are practicing medicine in your county?.....
How many eclectic?.....
How many homeopathic?.....
How many are registered?.....
Report anything of importance in your opinion pertaining to health matters.....

.....

....., M. D., *County Health Officer.*

Upon the above, the following detailed information from each county health officer was secured:

ALLEN COUNTY.

Number of deaths during year, 63; births, 168; contagious diseases, 233, including typhoid-fever cases; marriages, 96; fumigations after contagious diseases, 4; nuisances abated, 1; dead animals buried, do not know. Water supply: Good, except in wells and cisterns that were neglected. General health of county: Reason ably good. Prevailing diseases in county: Typhoid fever and influenza. What caused them: Former produced by drinking impure water, and latter is epidemic. Population of county, 12,372; regular physicians practicing medicine in county, 18; eclectic, 3; homeopathic, 3; registered, 18.

ANDERSON COUNTY.

Number of deaths during year, 52; births, 97; contagious diseases, 6 cases of typhoid fever; marriages, 73; nuisances abated, 150; dead animals buried, 3. Water supply: Good. General health of county: Good. Prevailing disease in county: Malarial fever. What caused it: Malaria. Population of county, 12,172; regular physicians practicing medicine in county, 13; eclectic, 3; homeopathic, 1; registered, 17.

Remarks: So many of our physicians will not report their cases, and thus it is impossible to get the correct report of the county. If the health officer had legal support, and could enforce the law, we could get correct reports. I think the past year our people are beginning to see the benefit, and in the future will do better.

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ATCHISON COUNTY.

Number of deaths during year, 266; births, 240 reported (300 estimated); contagious diseases, 100 reported (300 estimated); marriages, 171 reported (226 licensed); fumigations after contagious diseases, perhaps about 50; nuisances abated, a great many; dead animals buried, very few, only 5 reported. Water supply: Good. General health of county: Fair. Prevailing disease in county: Influenza and consumption. What caused them: Epidemic and hereditary. Population of county, 40,000; regular physicians practicing medicine in county, 25; eclectic, 3; homeopathic, 4; registered, only 19; the county clerk says the old register was taken out of the office, and I have succeeded in getting 19 to re-register.

Remarks: We had a general cleaning up in the city of Atchison last spring and early summer. While there has been a great deal of sickness, the death rate is not very great. In 50 cases of typhoid fever, only 9 deaths; in 30 cases of scarlet fever I find no deaths reported; in about 40 cases of diphtheria and membranous croup, 16 deaths reported (four tracheotomies, one successful). We should have a food inspector in every city, and have a general cleaning up often.

BARBER COUNTY.

Number of deaths during year, 54; births, 121; marriages, 53. Water supply: Good. General health of county: Good. Prevailing diseases in county: Typhoid fever, malaria. What caused them: Newness of the country. Regular physicians practicing medicine in county, 8; eclectic, 3; homeopathic, 2; registered, 13.

Remarks: We have had a number of cases of scarlet fever of a mild form, but quarantined against it and kept it under control. Typho-malarial fever has been very prevalent, but not very serious. I think the country being new, turning so much sod, was probably the main cause of the typhoid fever. The scarlet fever I can't account for. One city is kept up in good condition. The continued droughts that we have been contending with may be the cause of the trouble.

BUTLER COUNTY.

Number of deaths during year, 66; births, 221; contagious diseases, 3; marriages, 189; fumigation after contagious diseases, 3; nuisances abated, 2. Water supply Good. General health of county: Fair. Prevailing diseases in county: Typhoid fever, pneumonia, scarlet fever, malarial fever, and measles. What caused them: No special cause. Population of county, 26,000; regular physicians practicing medicine in county, 20; eclectic, 4; homeopathic, 4; registered, 28.

Remarks: The sanitary condition of Butler county during the year of 1893 was fair. No special disease prevailing. The diseases prevailing were mostly of a mild type and were easily managed, Scarlet fever was reported from various sections of the county, but invariably of a simple form, and deaths reported from scarlet fever were the result of relapses.

CHEYENNE COUNTY.

Number of deaths during year, 20; births, 15 in my practice—no reports from other physicians or accoucheurs; contagious diseases, 12; marriages, 40; fumigations after contagious diseases, 25; nuisances abated, 3; dead animals buried, 12. Water supply: Good. General health of county: Good. Prevailing diseases in county: Diphtheria and pneumonia. What caused them: Have no definite idea. Population of county, 5,000; regular physicians practicing medicine in county, 6; eclectic, 1; homeopathic, 2; registered, 9.

Remarks: On December 19, 1893, diphtheria in family of eight children, of very malignant form, three of whom died after an average of one week's duration; five are now convalescent, and no further spread or no further cases to report. The cases cited were wholly isolated and effectually quarantined. Schools were closed.

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and nurses and attendants were furnished by local organizations, and thorough measures adopted in the way of quarantine and fumigation, and I believe the scare is now over.

CHAUTAUQUA COUNTY.

Number of deaths during year, 101; births, 13; contagious diseases, 10; marriages, 135; fumigations after contagious diseases, 2; nuisances abated, no account kept; dead animals buried, no account kept. Water supply: Good. General health of county: Good. Prevailing diseases in county: Pneumonia, la grippe, and malarial fever. What caused them: Specific causes. Population of county, about 12,000; regular physicians practicing medicine in county, about 25; eclectic, as they do not pay much attention to registration, I am unable to say; homeopathic, can't say; registered, 22.

Remarks: Two cases of diphtheria, after which premises were fumigated, are the only ones which came under my observation, other cases not being reported. Physicians do not report at all; they seem to look upon the law as a dead letter, and I have done all in my power, except to prosecute.

CHEROKEE COUNTY.

Number of deaths during year, 90; births, 118; contagious diseases, 8—scarlet fever, mumps, and whooping cough; marriages, 326; nuisances abated, 15. Water supply: Good. General health of county: Good. Prevailing diseases in county: Typhoid and typho-malarial fever. What caused them: Extremely dry, hot weather. Population of county, 25,000; regular physicians practicing medicine in county, 26; eclectic, 8; homeopathic, 6; registered, 15.

Remarks: There are 17 undergraduates (or illegal practitioners) in the county.

CLARK COUNTY.

Number of deaths during year, 12; births, 47; marriages, 16; nuisances abated, 5; dead animals buried, 1. Water supply: Good. General health of county: Good. Prevailing disease in county: None especially; all the deaths were from different causes, except 2 from consumption and 2 from violence. Population of county, last census, 2,500, possibly not half that now; regular physicians practicing medicine in county, 3; registered, 3.

Remarks: Rather uphill work to make complete returns of vital statistics in a thinly-settled community like this, especially when physicians will discharge incurable cases a day or so before they prove fatal, to avoid making returns of such. About half of the above death returns are gotten from the undertaker alone, the other half from undertaker and physicians both. I delayed sending this till full time was up, hoping to get some returns from remote parts of the county.

CLAY COUNTY.

Number of deaths during year, 198; births, 122; contagious diseases (approximated), 20; marriages, 156. Water supply: Good. General health of county: Good. Prevailing diseases in county: Pneumonia, phthisis, and la grippe. What caused them: In great part our extremely changeable climate. Population of county (approximated), 14,000; regular physicians practicing medicine in county, 18; eclectic, 2; homeopathic, 2; registered, 21.

Remarks: I think I may report progress in the work in a general way. Compared with 1892, I have the following, viz.: Death decrease, 16 per cent.; birth increase, 30 per cent.; marriage increase, 8 per cent. The decrease in deaths would appear more noticeable still if I had left December to appear in the following year, as I have done heretofore. In November and December, we had numerous cases of grippe, but the weather was so exceedingly nice that we did not have the sequel following that we had in the damp spring of 1892. Our old people have contributed

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their full share of deaths; there were 11 of those who were between 80 and 90. All physicians of the county are up in their death reports. I notify each month all who are in arrears for the preceding month; and I must compliment our physicians for their promptness in responding. The increase in birth returns I attribute to fuller reports, in the greater part. Next year I shall expect a much fuller report. Our commissioners, in their January, 1894, session, ordered me to carry out the instructions of the Secretary of the State Board of Health, which order I shall attempt to carry out.

COWLEY COUNTY.

Number of deaths during year, 433, taken from undertakers' returns; births, 74 reported; contagious diseases, 4 cases reported; marriages, 349, taken from records of probate court. Water supply: Good. General health of county: Very good at present. Prevailing diseases in county: La grippe, measles, chicken pox, whooping cough, malarial and typhoid fevers. What caused them: Infection. Population of county, 32,000; regular physicians practicing medicine in county, 40; eclectic, 8; homeopathic, 6; midwives, 2; registered, 56.

DECATUR COUNTY.

Number of deaths during year, 53; births, 29; contagious diseases, 8; marriages, 60; fumigations after contagious diseases, 10; nuisances abated, 1; dead animals buried, 8. Water supply: Good. General health of county: Good. Prevailing disease in county: La grippe. What caused it: Do not know. Population of county, 9,000; regular physicians practicing medicine in county, 15; homeopathic, 1; registered, 15.

Remarks: I have nothing new to suggest, only where cleanliness is enforced in the towns, the sickness and death rates are low, compared with towns where filth abounds. The necessity for cleanliness is just as apparent in small towns as in large cities. I make it my business, during the summer months especially, to see that my towns are kept scrupulously clean, and that infectious localities are quarantined.

DICKINSON COUNTY.

Number of deaths during year, 213; births, 395; contagious diseases, 54; marriages, 102. Water supply: Good. General health of county: Good. Prevailing diseases in county: Catarrhal affections and diseases of respiratory tract. What caused them: Climatic influences. Population of county, 22,000; regular physicians practicing medicine in county, 19; eclectic, 4; homeopathic, 4; registered, 27.

Remarks: In addition to the above, there are still 9 men practicing medicine who have not registered. I cannot, therefore, give the school they follow. I would like very much to bring these men into line, but will have to be backed up by the State Board before I can do so.

DOUGLAS COUNTY.

Number of deaths during year, 66; births, 148; contagious diseases, 8; marriages, 141; fumigations after contagious diseases, 8; nuisances abated, 7. General health of county: Good. Prevailing diseases in county: La grippe, malarial and typhoid fever. Population of county, 23,104; regular physicians practicing medicine in county, 20; eclectic, 8; homeopathic, 5; registered, 33.

Remarks: It is well known to all who have scanned the pages of the annual reports, that but little attention has been paid to the requirements of the State Board of Health for a number of years in Douglas county. Physicians lost interest and did not report births and deaths. I am glad to be able to state that all the physicians who are doing a business worthy to be called a business are prompt in sending in reports.

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Number of physicians practicing in the county, 33, of whom 20 are regulars, 8 eclectic, and 5 homeopathic. I believe the sanitary condition of the county has been better during the past year than for a number of years. Notwithstanding the number of old persons who died this year from vital depression following la grippe of last winter, the mortality was light—seven-tenths per cent. The light per cent. speaks well for the sanitary condition of a county with over 23,000 inhabitants. We had neither epidemic or endemic during the year, until the first of December, at which time there was a visitation of la grippe, which was quite prevalent for two or three weeks.

There were a few cases of typhoid fever reported in the months of October and November. Most of the cases were sporadic. The majority of persons who had the fever lived on high land. This fact led me to believe the well water was not good, and an investigation found the water in the wells shallow, and of a poor quality. I recommended boiling the water, and when the recommendation was heeded, good resulted.

There were a few cases of diphtheria in different parts of the county, two proving fatal. Three children in one family, in North Lawrence, had scarlet fever; all made good recovery, and no spread of the disease, but would, no doubt, have resulted seriously to the schools had it not been for the early diagnosis, the precaution taken by the board of health, and the carefulness of the family in which it occurred. Five children in the county poorhouse had scarlet fever; all recovered, and no cases outside of the house, as every precaution was taken to prevent the spread of the disease. There were but few cases of diarrhœa, dysentery and cholera infantum during the summer months; only one death from cholera infantum reported this year.

The county infirmary is in as good a sanitary condition as it is possible to have it. The building is ancient and lacking the modern comforts and facilities so necessary in an infirmary. The condition of the premises and the order among the inmates show that the superintendent and his wife are the right persons for the place, as everything indicates that they believe cleanliness is next to Godliness, and that kind treatment toward the unfortunate is better than harsh measures.

The jail in part answers the purpose for which it is used, but comes far from being a fit place in which to confine men and women, though they be criminals.

General good health prevails among the hundreds of young men and women who are attending the State University. The location of the university is favorable and salubrious, being on high ground and beyond the reach of stagnant water and marshy places. The natural drainage is excellent. The buildings are of stone, with high basements, thoroughly ventilated.

The most of the schoolhouses of Douglas county are models of comfort and convenience. In the last school year but few children lost any time on account of sickness. Number of children of school age in the county, outside the city of Lawrence, 4,875; city and county, 7,950; of this number 72 per cent. are enrolled. The city school buildings are in good sanitary condition, and well kept.

Haskell Institute, located on the south limits of the city, has an enrollment, at this time, of 476 young Indian boys and girls, who have enjoyed splendid health during the past year. The good health of so great a number, representing 27 tribes, taken, as they were, from crude homes and placed in comfortable quarters and under different regulations, is worthy of mention. The four large dormitories were built with a view to convenience and health, heated with steam, provided with hot and cold water, and supplied in every respect with all modern sanitary conveniences.

I intimated in the beginning of my report that many unpleasant circumstances confronted me on account of the Rip-Van-Winkle sleep sanitary matters had taken in the county. In my effort to have Douglas county on equal footing with other

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counties of the state, I was much encouraged by having the coöperation of the leading physicians of the county, the probate judge, and the board of county commissioners.

From the increased interest manifested in the last year by many of the best citizens of the county, I believe the day is close at hand when the people of this county will step on a higher plane of research, and seek to know more of sanitary science — a science which has been overlooked, not only by the uncultured, but by people who boast of their intelligence.

EDWARDS COUNTY.

Number of deaths during year, 35; births, 16 in my own practice — none others reported; marriages, 33. Water supply: Good. General health of county: Good. Prevailing diseases in county: No particular disease can be said to have been prevalent. Population of county, about 3,500; regular physicians practicing medicine in county, 2; eclectic, 1; registered, 1 regular and 1 eclectic.

ELLIS COUNTY.

Number of deaths during year, 48; births, 71; contagious diseases, 113; marriages, 51; fumigations after contagious diseases, 7; nuisances abated, 5; dead animals buried, 6. Water supply: Good. General health of county: Fair. Prevailing disease in county: Scarlet fever. What caused it: Transmission from other parts. Population of county, 7,000; regular physicians practicing medicine in county, 7; eclectic, 1; homeopathic, 1; registered, 7.

ELK COUNTY.

Number of deaths during year, 67 reported by physicians and 81 by undertakers; births, 162; contagious diseases, 1 — scarlet fever; marriages, 79. Water supply: Very good. General health of county: Very good. Prevailing diseases in county: Bowel troubles, typho-malarial fevers, diseases of malarial origin, and throat and lung diseases. What caused them: Changes of weather and malarial poisons. Population of county, between 10,000 and 11,000; regular physicians practicing medicine in county, 12; eclectic, 6; homeopathic, 1; registered, 19.

FINNEY COUNTY.

Number of deaths during year, 30; births, 79; contagious diseases, 3; marriages, 31; fumigations after contagious diseases, 1. Water supply: In country, deep wells; in city, water works; all pure. General health of county: First class; very little sickness. Prevailing diseases in county: Intestinal troubles in children, and mountain fever in adults, during summer; la grippe this winter. What caused them: Ordinary causes. Population of county, 4,000; regular physicians practicing medicine in county, 5; eclectic, none; homeopathic, 3; physio-medical, 2; registered, 9.

Remarks: My reports of deaths, births and marriages are complete, as near as I can get at it, all the physicians, midwives and clergymen making their reports. A [illegible]entage of the deaths was from consumption, a great many invalids hav[illegible]e to get the benefit of our favorable climate, but making the mistake [illegible] long before coming. Our county is becoming a popular resort for [illegible]ing from pulmonary trouble, and it deserves its reputation. I don't [illegible]gle case where pulmonary trouble has developed from its incipiency

FORD COUNTY.

[illegible] of deaths during year, 33; births, 80; contagious diseases, about 50; mar[illegible]3; fumigations after contagious diseases, 4; nuisances abated, probably 20. [illegible]y: From wells. General health of county: Good. Prevailing diseases [illegible] La grippe, scarlet fever, some cases of remittent fever. What caused

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them: No assignable cause. Population of county, 5,692; regular physicians practicing medicine in county, 7; homeopathic, 1; registered, 7.

Remarks: There is nothing of special importance in this county.

FRANKLIN COUNTY.

Number of deaths during year, 172; births, 185; contagious diseases, only 2 cases of scarlet fever reported, and have my doubts as to the genuineness of them; marriages, 193; dead animals buried, 3 horses and 1 dog. Water supply: Good, and plenty. General health of county: Good. Prevailing diseases in county: Biliousness and la grippe. What caused them: Atmospheric vicissitudes. Population of county, 20,000; regular physicians practicing medicine in county, 22; eclectic, 6; homeopathic, 3; registered, 31.

Remarks: There is one undertaker living at Lane who has not reported for last quarter, but heretofore has been very prompt. There are some of the doctors who have not reported this last month, but heretofore have been prompt. This is the report of all I could ascertain.

GEARY COUNTY.

Number of deaths during year, 105; births, 102; contagious diseases, 1 case of scarlet fever, whooping cough; marriages, 99. Water supply: Good. General health of county: Good. Prevailing diseases in county: Typhoid fever, malarial fever, intermittent fever, whooping cough, la grippe, bronchitis, pneumonia. What caused them: Climatic changes; drinking well water. Population of county, 9,800; regular physicians practicing medicine in county, 7; homeopathic, 2; registered, 4.

Remarks: Our water supply is the best in the state. Most of the typhoid fever and typho-malarial fever occurred in persons using well water. La grippe has been quite prevalent, although in a milder form — less nervous symptoms; nearly all had a severe cough. One death from la grippe is reported. The physicians, with one exception, report births; only three report deaths. All regulars in the county are registered but three.

GRAHAM COUNTY.

Number of deaths during year, 47; births, 26; marriages, 32; nuisances abated, 2; dead animals buried, 1. Water supply: Mostly from wells. General health of county: Moderately good. Prevailing diseases in county: Diarrhœal diseases, pneumonia, rheumatism, and catarrhal fever. Population of county, 3,000; regular physicians practicing medicine in county, 2; eclectic, 1; registered, 3.

GRAY COUNTY.

Number of deaths during year, 25; births, 32; marriages, 16. Water supply: Good. General health of county: Fair. Prevailing diseases in county: Typhoid fever, pneumonia, and la grippe. Population of county, 2,000; regular physicians practicing medicine in county, 2; registered, 2.

GREENWOOD COUNTY.

Number of deaths during year, 114; births, 90; contagious diseases, 2; marriages, 98; fumigations after contagious diseases, 2; nuisances abated, 5; dead animals buried, 10. Water supply: Very fair and very low. General health of county: Good, except la grippe. Prevailing diseases in county: Typhoid fever and la grippe. What caused them: Low water and bad water. Regular physicians practicing medicine in county, 15; eclectic, 7; homeopathic, 3; registered, all of them.

Remarks: The list is the same as 1892; no changes.

GREELEY COUNTY.

Number of deaths during year, 8; births, 37; contagious diseases, 23; marriages, 3; fumigations after contagious diseases, 12; nuisances abated, 4; dead animals

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buried, 12. Water supply: Excellent. General health of county: Good. Prevailing diseases in county: Scarlet rash, la grippe, and typhoid fever. What caused them: I have no idea; not sanitary condition. Population of county, 1,500 to 1,800; regular physicians practicing medicine in county, 2; registered, 2.

HARVEY COUNTY.

Number of deaths during year, 42; births, 113; contagious diseases, 5; nuisances abated, 2. Water supply: Fair. General health of county: Excellent. Prevailing diseases in county: Malaria, la grippe, pneumonia, and typhoid fever. Regular physicians practicing medicine in county, 16; eclectic, 5; homeopathic, 3; registered, 24.

Remarks: The general health of the county has been exceptionally good, with no epidemics to contend with. While our water supply was markedly cut off through the water company during the months of August and September, and many of the wells and cisterns went dry, still there was a sufficient quantity of good water, so that no one suffered. The public buildings have been kept in excellent order, and, in fact, there exists a general disposition on the part of the people to keep on with sanitary improvement throughout the county.

HARPER COUNTY.

Number of deaths during year, 105; births, 119; contagious diseases, 3; marriages, 58; fumigations after contagious diseases, 2. Water supply: Good. General health of county: Good. Prevailing diseases in county: Malarial fever, la grippe, and typhoid fever. What caused them: First, breaking up prairie; second, not known; third, use of old wells which have been idle for years. Population of county, 14,486; regular physicians practicing medicine in county, 14; physio-medical, 1; homeopathic, 1; registered, 16. One physician practicing who is not registered.

HASKELL COUNTY.

Number of deaths during year, 9; births, 30; marriages, 3. Water supply: Fair; no running or stagnant streams. General health of county: Fair. Prevailing disease in county: La grippe. Population of county, 1,015; regular physicians practicing medicine in county, 1; eclectic, 1; registered, 1.

JEFFERSON COUNTY.

Number of deaths during year, 20 reported by physicians and 72 by undertakers; births, 103; contagious diseases, 9; marriages, the probate judge has not sent in any returns; nuisances abated, 1. Water supply: Fairly good. General health of county: Good, with the exception of la grippe. Prevailing diseases in county: Malarial and catarrhal fevers, and quite a number of typhoid-fever cases. What caused them: Perhaps, to a great extent, the peculiar season. Population of county, 17,000 or 18,000, I believe; regular physicians practicing medicine in county, 25; eclectic, 3; homeopathic, 6; registered, 29.

Remarks: The probate judge utterly ignored my repeated requests for marriage returns, and the physicians, with a few worthy exceptions, failed to send in any reports, though frequently requested to do so; undertakers, the same. I notified the county attorney, but no results followed. I fear the present plan of collecting statistics can never be enforced so as to insure anything like complete returns. It seems to me that something after the following plan might be more satisfactory: Let physicians be allowed 25 cents for each birth reported and 15 cents for each death reported; the reports to be sent in each quarter in time for the county health officer to make his report. Undertakers to be allowed $1 each quarter for death reports. Also, let it be a part of the township trustee's business to collect all births and deaths occurring in his township, giving, in each case, the name of attending

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physician or midwife. This would serve as a check on the physicians' returns; and when thus shown that the physician had failed to return the births and deaths occurring in his practice, let him be fined a specific sum for each failure. Undertakers to be treated in a similar manner.

JEWELL COUNTY.

Number of deaths during year, 176; births, 147; contagious diseases, about 150; marriages, 158; fumigations after contagious diseases, only 10 came to my notice; nuisances abated, 4. Water supply: Good. General health of county: Good up to last month. Prevailing diseases in county: Scarlet fever and measles. Population of county, 19,380; regular physicians practicing medicine in county, 15; eclectic, 3; homeopathic, 2; registered, 19.

JOHNSON COUNTY.

Number of deaths during year (reported), 94; births (reported), 210; contagious diseases (reported), measles 14, scarlet fever 4; marriages, 140; fumigations after contagious diseases, every house fumigated for scarlet fever; nuisances abated, only 1 through the interference of the health officer; dead animals buried, all buried or cremated. Water supply: Generally good. General health of county: Excellent. Population of county, about 18,000; regular physicians practicing medicine in county, 19; eclectic, 4; homeopathic, 3; registered, 27.

Remarks: I consider the health of this county during the year 1893 to have been most excellent; and I attribute that condition of the health largely to the cholera scare of a year ago, which fright caused a general cleaning up, and as a natural consequence cleanliness and care in diet promote health.

KEARNY COUNTY.

Number of deaths during year, 2; births, 5; marriages, cannot tell on account of total loss of records by fire; dead animals buried, 2. Water supply: Good. General health of county: Good. Prevailing disease in county: La grippe. Population of county, 1,500; regular physicians practicing medicine in county, 2; registered, 2.

KIOWA COUNTY.

Number of deaths during year, 18; births, 40; marriages, 20; nuisances abated, 24; dead animals buried, 15. Water supply: Good. General health of county: Good. Prevailing diseases in county: Typho-malarial fever, la grippe, dysentery. What caused them: The hot, dry weather. Population of county, 3,500; regular physicians practicing medicine in county, 4; eclectic, 3; homeopathic, 1; registered, all.

KINGMAN COUNTY.

Number of deaths during year, 43; births, 111; contagious diseases, 2; marriages, 46; fumigations after contagious diseases, 1; nuisances abated, 1; dead animals buried, 2. Water supply: Good. General health of county: Good. Prevailing diseases in county: Had no epidemics last year. Population of county, 12,000; regular physicians practicing medicine in county, 11; eclectic, 4; homeopathic, 2; registered, 17.

Remarks: The general health of the county has been good, there having been no outbreaks of any epidemic or contagious diseases, only a few sporadic cases of typhoid fever, and they were scattered over the county, in remote portions, quite a distance apart, and so could not be traced to any particular cause. There was one case of measles reported, and one death — a man of extreme old age. There were no scarlatina or diphtheria reported last year that needed my assistance in quarantining. I have given instructions to all practicing physicians to give positive instructions to families to quarantine against all comers, in case they should meet any contagious

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diseases in their practice. I think my instructions are being carried out in most cases. We have a few physicians in this county who take no interest in sanitary work, and refuse to make reports or do anything else that would help the county health officer, claiming the law and all is a fraud. They seem to think the more trouble they can give the secretary the better. But these are the exception. Most physicians in this county report cheerfully, and try in every way to stamp out infectious and contagious diseases. The general sanitary condition of the county is fairly good. The schools are well attended, and there has been no general outbreak of diseases to interfere. The school buildings are, as a general thing, well ventilated and kept in good condition for the health of the children. The surface of this county is such that we need no underdraining. The nice rolling prairie and sandy subsoil make a natural drainage that cannot be improved by underdraining.

LABETTE COUNTY.

Number of deaths during year, 151; births, 299; contagious diseases, 3—whooping cough, scarlet fever, diphtheria; marriages, 114; fumigations after contagious diseases, 3 reported. Water supply: Fair. General health of county: Toward the close of the year it seems to be improving. Prevailing diseases in county: Typhoid, pneumonia, consumption. What caused them: Excessive warm weather. Population of county, 27,600; regular physicians practicing medicine in county, 70; eclectic, 10; homeopathic, 7; allopathic, 1; regular, 40; specialist, 1; midwives, 9; registered, 72, but 3 of them are retired and 1 dead.

Remarks: The general health of our county has improved as the year draws to a close. Through August, September, and October, to the middle of November, there was a great deal of typhoid-malarial fever, and it seems that each year it is more severe, 32 deaths being reported for this year. This is probably caused by the excessive hot weather. Phthisis is on the increase, as we have 23 deaths from that dread disease this year. Cholera infantum this year has been exceedingly scarce compared with last year. Our total death rate this year was 251, which is 103 less than last year; our births, 299, gives us 168 less than last year. This may be accounted for in two ways: First, our county's decrease in population; second, that the physicians may not be reporting all, but only a part, to keep an appearance of conforming with the law. There is not, to my knowledge, any physician who does not report, but I am inclined to believe that the statistics are not as correct as they should be. The physicians think there is nothing in it for them, and grow very indifferent about the matter, which should be thoroughly correct to be of any service to the state. We have been able to control the contagious diseases that have made their appearance—scarlet fever only two deaths, and diphtheria four. The county commissioners are in full accordance to all sanitary conditions. The jail and courthouse have proper sewerage, and the county poor farm is in good condition. This has greatly improved under the efforts of the State Board of Health, and there still is need for further efforts.

LANE COUNTY.

Number of deaths during year, 18; births, 18; contagious diseases, 1 only, that one measles; marriages, 13. Water supply: Could n't well be better. General health of county: Good. Prevailing diseases in county: Fevers, la grippe, etc. Population of county, 2,060, I believe; regular physicians practicing medicine in county, 3; registered, 3.

LEAVENWORTH COUNTY.

Number of deaths during year, 420; births, 452; contagious diseases (deaths from), 68; marriages, 292; fumigations after contagious diseases are attended to by physicians in charge; dead animals buried, not stated. Water supply: River very low, so water was not so good. General health of county: Average good; has been

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much sickness during last three months. Prevailing diseases in county: Measles, la grippe, pneumonia, and phthisis. What caused them: Epidemic of la grippe. Population of county, 22,000 in city (will send county soon); regular physicians practicing medicine in county, 21; eclectic, 1; electric, 1; homeopathic, 3.

Remarks: The wells of the city are undoubtedly contaminated, and are used to a great extent by the poorer classes.

LINCOLN COUNTY.

Number of deaths during year, 61; births, 146; contagious diseases, have no means of knowing; marriages, 63. Water supply: Wells, and good. General health of county: Moderately good. Prevailing diseases in county: Whooping cough, measles, scarlet fever, la grippe, diphtheria, and typhoid fever. What caused them: It is hard to tell. Population of county, 12,000; regular physicians practicing medicine in county, 6; eclectic, 1; homeopathic, 1; registered, 5.

LINN COUNTY.

Number of deaths during year, 61; births, 68; contagious diseases, 2; marriages, 94. Water supply: Very poor, as far as I can learn. General health of county: Very good, or fair. Prevailing diseases in county: La grippe and fevers. What caused them: Fevers, the dry weather. Population of county, 16,000; regular physicians practicing medicine in county, 28, as far as I can ascertain; eclectic, 2, and 1 eclectic practicing without a diploma; registered, 4.

Remarks: I have been appointed health officer again for Linn county. As to the report pertaining to the registering of physicians and accouchers, the register is in such bad shape and so many physicians coming in and leaving, it will be almost impossible to give a correct report. We will have a new register soon, and will have all to register. I have been sick ever since the 1st of September, but am better now, and am going to make them report. What shall I do with those practicing medicine illegally? Please inform me, and order me what to do.

LYON COUNTY.

Number of deaths during year, 101; births, 146; contagious diseases, 40; marriages, 48; fumigations after contagious diseases, 20; nuisances abated, 50. Water supply: Good. General health of county: Remarkably good. Prevailing diseases in county: Influenza and malarial fever. What caused them: Violent changes in temperature. Population of county, about 25,000; regular physicians practicing medicine in county, 32; eclectic, 3; homeopathic, 1; registered, 26.

Remarks: The jail and county poorhouse are in a clean and healthy condition. Number of inmates of jail at present time, 8; number of inmates of county poorhouse, 13. The health of the county is better at the present time than it has been for many years at this season of the year. There are no contagious diseases known to exist at this time in any part of the county.

MARION COUNTY.

Number of deaths during year, 78 (have not all been reported); births, 185; contagious diseases, 34; marriages, 105; fumigations after contagious diseases, do not know. Water supply: Very good. General health of county: Better than the average year. Prevailing disease in county: There has been no particular disease, except typhoid fever in part of the county. What caused them: Impure water. Population of county, 20,500; regular physicians practicing medicine in county, 19; eclectic, 7; homeopathic, 10; registered, 32.

Remarks: Everything seems to be moving along all right here, except the reports of deaths and births, which have been somewhat neglected on account of the sickness and death of the former secretary of the board, Dr. C. A. Loose, whom we

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very much regret to have lost, but we expect in the next year the law will be enforced and the reports be more full than heretofore. The sanitary conditions are very good, and no epidemics occurred of any consequence the last year.

MARSHALL COUNTY.

Number of deaths during year, 160; births, 181; contagious diseases, diphtheria in 6 families, 6 deaths; marriages, 216; fumigations after contagious diseases, fumigations continued until disease entirely stamped out. Water supply: Excellent: General health of county: Fair. Prevailing diseases in county: Different forms of la grippe, paralysis, malarial fever, brain trouble, and cholera infantum. Greatest number of deaths in 1893 caused by suicides and accidents. Population, 23,500; regular physicians practicing medicine in county, 21; eclectic, 4; homeopathic, 4; registered, 29; all reporting but 1.

Remarks: I am pleased to state that the last quarterly report is the most complete, so far as I am able to ascertain. It is only within the last year that physicians, undertakers, etc., have, to any degree, complied with the law, and it was with great difficulty that we have brought the vital statistics record to its present condition, which, I think, is now quite complete. But one physician refuses to make returns — absolutely refuses, after repeated requests.

McPHERSON COUNTY.

Number of deaths during year, 170; births, 395; contagious diseases, 52; marriages, 149; nuisances abated, 15. Water supply: Good as any place in Kansas, or the West. General health of county: Good; better than the average. Prevailing diseases in county: La grippe has prevailed quite generally since November 15; the mortality has been quite large; scarlet fever has prevailed to a limited extent, and a very few cases of diphtheria and typhoid fever. What caused them: La grippe is ill-defined, perhaps atmospherically epidemic; the other is likely due to small indifference among the people. Population of county, about 22,000; regular physicians practicing medicine in county, 17; eclectic, 10; homeopathic, 5; registered, 32.

Remarks: This report is quite full and complete, except, possibly, in the item of contagious diseases, which, I think, is a little short. McPherson is, perhaps, the banner county of the state in its rigid observance and enforcement of the practice act of 1870, and of the recommendations and requirements of the State Board of Health. We have reduced our health office records and sanitary observations practically to the same point of accuracy with which we keep the records of our lands and the pedigree of our stock. We have joined hands as county officers, physicians and citizens to raise and maintain this high standard in the interest of public health and public weal, in the hope that all the other counties of the state will do likewise, the strict and proper performance of which will confer upon the community at large the greatest amount of real good (excepting the religion of Christ) of any other one effort known to our civilization.

MEADE COUNTY.

Number of deaths during year, 11; births, 21; contagious diseases, 20; marriages, 15; fumigations after contagious diseases, 2; nuisance abated, 1. Water supply: Chiefly by wells; water is good. General health of county: Good. Prevailing diseases in county: Influenza and scarlet fever. Population of county, about 1,800; regular physicians practicing medicine in county, 1; registered, 2.

MONTGOMERY COUNTY.

Number of deaths during year, 185; births, 293; contagious diseases, 4; marriages, 286; fumigations after contagious diseases, 10; nuisances abated, 1. Water

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supply: Good. General health of county: Good. Prevailing diseases in county: Consumption, pneumonia, typhoid fever, whooping cough, and malarial fever. What caused them: Nothing noteworthy. Population of county, 22,881; regular physicians practicing medicine in county, 28; eclectic, 12; homeopathic, 4; registered, 39.

Remarks: The general health has been unusually good during the year. However, typhoid fever, as usual, was quite prevalent during the fall. A few cases of diphtheria were reported, and one death from same; a few cases of scarlet fever, and one death; three deaths from membranous croup and three from whooping cough were reported; the latter disease was quite prevalent. The greatest number of deaths has resulted from consumption, 27; pneumonia, 23; typhoid fever, 14. As usual, consumption heads the list in this county. Of the 44 physicians practicing in this county, 39 are registered; the 12 midwives are all registered, and all report. The physicians all make regular reports but two or three. We send in tabulated form the returns of all marriages, numbering 289, which is complete; births, 293; deaths, 185. With the effective work done by the local boards of health in the large towns and the hearty coöperation of the physicians with the county board of health, the sanitary condition of the county has been markedly improved. Our jail is a model of strength, is modern in architecture, and is kept scrupulously clean. The number of inmates in jail at this time is 13; in the poorhouse, 17. I am pleased to note in the gathering of vital statistics the hearty coöperation of undertakers, probate judge, and almost every physician in the county, and am, therefore, pleased with the progress we have made.

MITCHELL COUNTY.

Number of deaths during year, 184; births, 247; contagious diseases, impossible to say; marriages, 105; fumigations after contagious diseases, about 12 known to board; nuisances abated, 4; dead animals buried, 1. Water supply: Abundant, and fair to good. General health of county: Fair to good. Prevailing diseases in county: Pneumonia, diphtheria, scarlet fever, mumps, measles, la grippe. What caused them: Contagion and epidemic grippe, largely. Population of county, a few over 18,000; regular physicians practicing medicine in county, 18; eclectic, 3; homeopathic, 2; registered, 20.

Remarks: There is little to report. With few exceptions, the people have made individual and collective effort to clean up and maintain a healthy sanitary condition all over the county. The towns of the county under municipal control have been particularly active and energetic in this line. The mayor of Beloit, Hon. A. G. Mead, aided by health committee of the city council, deserves special mention.

NESS COUNTY.

Number of deaths during year. 26—as shown by burial permits; dead animals buried, 1. General health of county: Fair. Prevailing diseases in county: In the early part of the year, scarlet fever and diphtheria. What caused them: Contagion. Population of county, about 4,750; regular physicians practicing medicine in county, 3—2 living in county; eclectic, 2; homeopathic, 3; registered, 6.

Remarks: Want something by which the rules of State Board of Health can be enforced.

NEMAHA COUNTY.

Number of deaths during year, 46; births, 180; marriages, 144; nuisances abated, 2. Water supply: Good. General health of county: Fair. Prevailing disease in county: Last quarter, typhoid fever reported in some sections, but in light form. What caused it: Low water in wells. Population of county, 18,877; regular physicians practicing medicine in county, 25; eclectic, 1; homeopathic, 3; registered, 29.

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Remarks: The general health of Nemaha county has been unusually good the past year; no general epidemic; a few cases of typhoid fever prevailed the last quarter. The sanitary instructions have been well observed in all towns in the county. Two nuisances have been abated. All physicians are reporting, with two or three exceptions. The water supply is excellent. The reports of deaths and births are incomplete; a great number of physicians make only partial reports. The public building is in good condition.

NORTON COUNTY.

Number of deaths during year, 31; births, 94; contagious diseases, 3; marriages, 76; nuisances abated, 7; dead animals buried, 18. Water supply: Good. General health of county: Good. Prevailing diseases in county: La grippe, catarrhal pneumonia. What caused them: Sudden changes in temperature. Population of county, 9,891; regular physicians practicing medicine in county, 8; eclectic, 5; registered, 13.

Remarks: Three cases of scarlatina in three different families in Norton; all are quarantined. One case reported to-day (January 10, 1894) in Almena.

OSBORNE COUNTY.

Number of deaths during year, data too imperfect, would be misleading. Water supply: Good. General health of county: Good. Prevailing diseases in county: La grippe, malarial fevers, and those incidental to our climate. What caused them: Natural causes. Population of county, 10,000; regular physicians practicing medicine in county, 12; eclectic, 2; homeopathic, 1; registered, 15.

Remarks: The health of our county during the year 1893 has been an average. Considerable scarlet fever during the first quarter of the year, but it was simple and very few deaths resulted. There has been an occasional sporadic case throughout the year. The quarantine has been very imperfect. It is hard to stamp out disease when many live in one- to three-roomed houses, and the people and county poor. Downs had a slight epidemic of diphtheria — three deaths — but the city government took active measures, in conjunction with Doctors Shearer and Poole, and stamped it out in a few days. Typhoid fever prevailed to a considerable extent in Osborne during the past autumn, largely due to local filth — that is, within the homes of the sick. The greatest trouble in working up the boards of health to a proper and efficient condition is largely due to physicians themselves — carelessness, jealousy and quackery being at the bottom. A practical law that could be applied without making the health officer the informer is the law wanted. I find the people and the city governments always willing to coöperate, and, consequently, we have, to the shame of the profession, to take the inefficiency of our boards of health upon ourselves.

OTTAWA COUNTY.

Number of deaths during year, 65; births, 159; contagious diseases, 8; marriages, 84; nuisances abated, 8; dead animals buried, 2. Water supply: First class. General health of county: Good. Prevailing disease in county: Catarrhal fever. Population of county, 11,605; regular physicians practicing medicine in county, 11; eclectic, 1; homeopathic, 4; registered, 16.

Remarks: The county lies high, except Solomon and Saline valleys, and is generally healthy. The regulations of health office are fairly well enforced. Many physicians have reported contagious diseases orally, and steps taken to restrict, that do not appear in this report.

PAWNEE COUNTY.

Number of deaths during year, 29; births, 53; contagious diseases, 30; marriages, ; fumigations after contagious diseases, 8; nuisances abated, 3. Water supply: ood. General health of county: Good. Prevailing diseases in county: Influenza.

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Except this, we have no prevailing epidemics. Some scarlet fever, but light. What caused them: Microbes. Population of county, 5,000; regular physicians practicing medicine in county, 5; eclectic, 1; homeopathic, 1; registered, 7.

Remarks: The health of the county has been exceptionally good during the year. We have had an epidemic of scarlet fever of a very mild character prevailing largely through the county, and generally without the knowledge of physicians. It was not quarantined. Wherever it was possible, I notified them and had them fumigate. It is difficult to say positively whether this was done. There were a few cases of diphtheria, but none severe. We have had recently an epidemic of influenza, commonly known as la grippe, but mild.

PHILLIPS COUNTY.

Number of deaths during year, 122; births, 136; contagious diseases, 3; marriages, 96; nuisances abated, 12. Water supply: Good. General health of county: Unusually good for this season of the year. Population of county, about 12,593; regular physicians practicing medicine in county, 13; eclectic, 4; registered, 17.

PRATT COUNTY.

Number of deaths during the year. as per undertakers' reports, 100; births, 108: contagious diseases, 6 cases of scarlatina; marriages, none reported, but from probate judge's book, 64; fumigations after contagious diseases, 6; dead animals buried, 57. Water supply: Very good. General health of county: Good at this date. Prevailing disease in county: Typho-malarial fever. What caused it: Exceptional heat during May, June, July, and August. Population of county, 8,698; regular physicians practicing medicine in county, 12; eclectic, 2; homeopathic, 1; registered, 14.

Remarks: The supply of water in Pratt county is good. The authorities have been active in the past year acting with health officer pertaining to hygiene, and no fault is to be found in that line. No marriage certificates have been returned to this office, all going to the probate judge, where I get full report from his books. Four nongraduates; two not registered—those not registered making no reports of births and deaths. I reported the same to E. M. Hoover, M. D., in September.

RAWLINS COUNTY.

Number of deaths during year, 42; births, 46; contagious diseases, 2; marriages, 36; nuisances abated, 1; dead animals buried, all in public places. Water supply: Fair. General health of county: Not good. Prevailing diseases in county: Diphtheria, la grippe, and scarlatina. What caused them: We believe the extreme drought. Population of county, about 7,000; regular physicians practicing medicine in county, 6; eclectic, 3; homeopathic, 1; registered, all.

Remarks: We have had a very sickly year throughout. We have had a very hot and dry season, and wells have run very low, and, of course, could not be pure.

RENO COUNTY.

Number of deaths during year, 229; births, 300; marriages, 239. Water supply: Good. General health of county: Fair. Prevailing diseases in county: Typhoid fever, malarial fever, scarlet fever, and la grippe. Population of county, from 27,000 to 28,000; regular physicians practicing medicine in county, 30; eclectic, 2; homeopathic, 3; registered, 35.

Remarks: I consider our water supply above the average for good. Considering our population, we have had a small amount of sickness during the past year. Our death loss from consumption shows 25. This is owing to so great a number of consumptives coming to this county from the East already in the last stages of the disease. We have had epidemics of scarlet fever in three communities of our county during the year, and now have a few cases in the city of Hutchinson.

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RILEY COUNTY.

Number of deaths during year, 36; births, 59; marriages, 57. Water supply: Good. General health of county: Good. Prevailing diseases in county: Malaria, bronchitis, pneumonia, etc. What caused them: Give it up. Population of county, about 8,000; regular physicians practicing medicine in county, 10; eclectic, 1; homeopathic, 2.

RICE COUNTY.

Number of deaths during year, 140; births, 259; contagious diseases, 28, not including typhoid fever; marriages, 124; fumigations after contagious diseases, 15; nuisances abated, 21; dead animals buried, 10. Water supply: Good. General health of county: Very good. Prevailing disease in county: None; had a little typhoid fever in the fall. Population of county, 14,000; regular physicians practicing medicine in county, 21; eclectic, 4; homeopathic, 1; registered, 26.

REPUBLIC COUNTY.

Number of deaths during year, 173; births, 337; contagious diseases, mostly measles, 62; marriages, 173; nuisances abated, 19; dead animals buried, 2. Water supply: Good, generally speaking. General health of county: Never better. Prevailing diseases in county: Pneumonia heads the list, and phthisis comes in second; have had the usual quota of influenza, etc., in their seasons. What caused them: Atmospheric conditions. Population of county: About 18,000; regular physicians practicing medicine in county, 25; eclectic, 3; homeopathic, 2; registered, 17.

Remarks: Public-health interests are advancing in our county. The cases of contagious diseases have been less than ever before. With the exception of measles, which prevailed quite generally in April and May, we have been almost entirely free from epidemics of any kind. Not a single case of diphtheria reported during the year. This is a decided and practical improvement over last year, when 10 deaths occurred from this cause alone. Physicians and midwives are reporting cases in a very satisfactory manner.

RUSSELL COUNTY.

Number of deaths during year, 53; births, 57; marriages, 55; dead animals buried, 25. Water supply: Good, but scarce on account of dry weather. General health of county: Comparatively good. Prevailing diseases in county: Remittent fever and grippe. What caused them: Perhaps the lack of fruit and changeable weather. Population of county, about 8,000; regular physicians practicing medicine in county, 7; eclectic, 1; homeopathic, 1; registered, 9.

Remarks: This is a large county, and many births and some deaths occur without the attendance of a physician or midwife. There are only 2 regular practitioners in Russell, and none to be relied on east nearer than Dorrance, 17 miles, or west none at all nearer than Hays City, 25 miles, or any south for 20 miles or more. Those north engaged in the practice regularly are 20 to 25 miles away. The sanitary condition of the county I consider remarkably good, under the circumstances. It is so dry and windy that no nuisances exist.

RUSH COUNTY.

Number of deaths during year, 19; births, 44; marriages, 29. Water supply: Good. General health of county: Good. Prevailing diseases in county: Influenza and diseases incident to childhood. Population of county, 5,000; regular physicians practicing medicine in county, 6; registered, 6.

Remarks: There were a number of deaths among the Russians from scarlet fever, but they employed no physicians, and I have been unable to find out how many deaths there were, as they tried to cover up the matter.

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SALINE COUNTY.

Number of deaths during year, 74; births, 208; contagious diseases, those in city reported to city clerk, in country little attention paid to reporting; marriages, 184; fumigations after contagious diseases, in Salina all dwellings are fumigated after patients; dead animals buried, these are buried without reporting. Water supply: Very good. General health of county: Exceptionally good. Prevailing diseases in county: Scarlatina prevailed to some extent, in a light form, during all the year; measles in May and June; la grippe in November and December. What caused them: First two by contagion, last by conditions yet unsatisfactorily explained. Population of county, 18,000; regular physicians practicing medicine in county, 22, and 2 quacks; homeopathic, 4; registered, 19.

SEDGWICK COUNTY.

Number of deaths during year, 547; births, 473; contagious diseases, 140; marriages, 476; fumigations after contagious diseases, 100; nuisances abated, 40; dead animals buried, 20. Water supply: Good. General health of county: Good. Prevailing diseases in county: Typhoid fever, tuberculosis, cholera infantum, pneumonia. What caused them: Climatic. Population of county, 40,000; regular physicians practicing medicine in county, 51; eclectic, 11; homeopathic, 8; registered, 63.

SEWARD COUNTY.

Number of deaths during year, 13; births, 18; contagious diseases, 45; marriages, 10; fumigations after contagious diseases, 15. Water supply: Excellent. General health of county: Excellent. Prevailing diseases in county: Scarlet fever and la grippe. Population of county, 965; regular physicians practicing medicine in county, 1; registered, 1.

SCOTT COUNTY.

Number of deaths during year, 8; births, 31; contagious diseases, 14; marriages, 7; fumigations after contagious diseases, 2. Water supply: Good. General health of county: Good. Prevailing diseases in county: Scarlet fever and la grippe. Population of county, 1,600; regular physicians practicing medicine in county, 2; eclectic, 1.

SHERIDAN COUNTY.

Number of deaths during year, 22; births, 48; marriages, 33; dead animals buried, 1. Water supply: Good. General health of county: Good. Prevailing diseases in county: Complication of diseases. What caused them: Natural results of nature. Population of county, 4,500; regular physicians practicing medicine in county, 3; registered, 6.

SHERMAN COUNTY.

Number of deaths during year, 43; births, 75; contagious diseases, 15; marriages, 60; fumigations after contagious diseases, 5; nuisances abated, 24; dead animals buried, 68 reported. Water supply: Good. General health of county: Good. Prevailing diseases in county: La grippe, typhoid fever, bronchitis, and entero-colitis. What caused them: Natural causes. Population of county, about 7,000; regular physicians practicing medicine in county, 6; eclectic, 3; registered, 6.

Remarks: The health of our county for the past year has been remarkably good. Not a single case of typhoid fever occurred in the city of Goodland, with a population of over 2,000. This I believe to be due to our abundant supply of pure water and the almost perfect sanitary condition of our city. I am pleased to state that I have received the hearty coöperation of the county commissioners in perfecting the health organization of our county. In April, 1893, there were reported seven cases of diphtheria in the extreme south part of the county. I visited the scene of the threatened epidemic and found that the disease originated in the family of John

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Pack, living within a few yards of the Wallace county line. The family consisted of seven persons, (two adults and five children,) living in a sod house consisting two small rooms. There was no history of infection, and I therefore concluded that the disease originated from the unsanitary surroundings. Two other families were infected before I was notified of the existence of the disease. With the assistance of the sheriff, I established a strict quarantine of the infected families, and succeeded in stamping out what at one time looked like an epidemic of this dread disease. The virulence of the contagion was shown in the fact that out of the seven cases occurring there were four deaths.

STAFFORD COUNTY.

Number of deaths during year, 44; births, 98; marriages, 81; nuisances abated, 3; dead animals buried, 8. Water supply: Good. General health of county: Good. Prevailing diseases in county: Fevers and diphtheria. What caused them: I think cause is local. Population of county, 10,000; regular physicians practicing medicine in county, 5; eclectic, 3; homeopathic, 1; registered, 7.

STEVENS COUNTY.

Number of deaths during year, 11; births, 26; contagious diseases, 12 cases scarlet fever; marriages, 11; fumigations after contagious diseases, 5. Water supply: Good. General health of county: Good. Prevailing diseases in county: Influenza, scarlet fever, typhoid fever. What caused them: Do not know. Population of county, 1,200; regular physicians practicing medicine in county, 1; homeopathic, 1; registered, 2.

SMITH COUNTY.

Number of deaths during year, 78; births, 169: marriages, 131. Water supply: Good. General health of county: Good. Prevailing disease in county: La grippe. Population of county, 16,000; regular physicians practicing medicine in county, 17; homeopathic, 1; registered, 17.

STANTON COUNTY.

Number of deaths during year, 13; 22 confinements, 24 children (2 pairs twins); marriages, 11. Water supply: Good. General health of county: Good. Prevailing diseases in county: Influenza, pneumonia. What caused them: Old age, drought, and want of proper care. Population of county, 750; regular physicians practicing medicine in county, 1; registered, 1.

THOMAS COUNTY.

Number of deaths during year, 37; births, 75; marriages, 33; dead animals buried, 15. Water supply: Good. General health of county: First class. Prevailing diseases in county: Rheumatism, erysipelas, and pneumonia. Population of county, 5,000; regular physicians practicing medicine in county, 5; eclectic, 3; homeopathic, 2; registered, 8.

WABAUNSEE COUNTY.

Number of deaths during year, 102; births, 148; contagious diseases, 19; marriages, 58. Water supply: Good. General health of county: Good at present. Prevailing disease in county: La grippe, this fall. Population of county, 11,093; regular physicians practicing medicine in county, 12; eclectic, 3; homeopathic, 1; registered, 16.

WASHINGTON COUNTY.

Number of deaths during year, 211; births, 351; contagious diseases, 184; marriages, 171. Water supply: Good. General health of county: Good. Prevailing diseases in county: Endemic and contagious. What caused them: Contagious diseases of such mild type that it was found impossible to enforce rules. Population

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of county, 28,000; regular physicians practicing medicine in county, 22; eclectic, 6; homeopathic, 3; midwives, 7; registered, 38.

Remarks: Scarlet fever is prevalent in Greenleaf and vicinity, and few cases in and near Hanover, but very mild. Measles has appeared near Hanover and Greenleaf, but of mild type. As against measles, there is no disposition on the part of the people to obey the rules, and when scarlatina is mild, as it has been in this county, it is almost impossible to enforce rules. Many cases are not seen or even heard of by any physicians. On advice from this office, the city schools of Greenleaf were dismissed for a few weeks. Have now restumed again, under strict instructions carried out by Doctors Armstrong and Gardner, with coöperation of superintendent and school board.

WALLACE COUNTY.

Number of deaths during year, 10; births, 32 reported; marriages, 16; dead animals buried, do not know, but quite a number. Water supply: Good. General health of county: Good. Prevailing diseases in county: Diseases have been of several kinds; nothing contagious or infectious. Population of county, about 3,000; regular physicians practicing medicine in county, 2; eclectic, 1; registered, 3.

WILSON COUNTY.

Number of deaths during year, 48; births, 260; contagious diseases, 3 kinds — measles, scarlet fever, and pertussis — not over a dozen cases reported; marriages, 155; fumigations after contagious diseases, ordered several; nuisances abated, 2; dead animals buried, 1. Water supply: Scarce, except in the city of Fredonia. General health of county: Fair to good. Prevailing disease in county: Influenza or la grippe. Population of county, about 13,800; regular physicians practicing medicine in county, 19; eclectic, 8; homeopathic, 1; registered, 40, first and last — 28 still living in county.

WOODSON COUNTY.

Number of deaths during year, 70; births, 106; contagious diseases, 1 case of scarlet fever; marriages, 77; fumigation after contagious diseases, 1; nuisances abated, about 15; dead animals buried, 4 or 5. Water supply: Scant for cattle, but well water good. General health of county: Good; some la grippe followed with pneumonia. Prevailing disease in county: La grippe. Population of county, about 10,000; regular physicians practicing medicine in county, 10; eclectic, 4; homeopathic, 1; registered, 16.

HEALTH OF TOWNS.

The following circular letter was mailed to one physician in every town in this state by the Secretary. The State Board desires to express its thanks to the corresponding physicians who have so willingly and gratuitously reported these much-desired and interesting facts relative to the sanitary conditions of their respective localities. The Secretary regrets the omission of some interesting reports, from various towns, because some were received too late, while others did not have the signature of the reporting physician.

TOPEKA, KAS., January 10, 1894.

DEAR DOCTOR — The law creating the State Board of Health requires me to make an annual report to the governor of the sanitary condition of the state; therefore, I am endeavoring to obtain a report from one physician in every town in this state, with reference to those influences which affect the health of the people, such as the water supply, drainage, sewage disposal, etc., and also the number and character of

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prevailing epidemics occurring in the various towns in Kansas, and the condition of the public health in general during the year 1893. I hope the doctor to whom this circular is addressed will promptly respond to the inquiries proposed therein. I particularly request that, if for any reason you cannot respond to the within inquiries, you will please give them to some other local physician who will do so.

While we receive good reports from the health officers of about 75 counties, there are about 30 counties from which we have received no report whatever; therefore, I have mailed this circular to one physician in every town in the state, in order that I may receive a sanitary report from every county. You are at liberty to communicate anything upon other topics in case you have time and feel disposed to do so. I herein submit the questions upon which the information is sought regarding the health of your town and surrounding country. Your reply will be published in my annual report over your name, a copy of which you will receive as soon as it is published. Hoping to receive a prompt reply, I am,

Yours fraternally, H. A. DYKES, M. D., *Secretary.*

The following questions were submitted to the sanitary correspondents:

1. Including all sickness, has there been more or less during the year 1893 than in previous years?
2. What is the water supply of your town?
   (*a*) Is the water supply good?
   (*b*) In all months of the year?
3. Has typhoid fever been unusually prevalent?
   (*a*) In what months most prevalent?
   (*b*) Has it been traced in any instance to a special source?
4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity?
5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received?
6. Extent and prevailing type of scarlet fever:
   (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients?
7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.?
8. To what extent has diphtheria prevailed, and type?
   (*a*) Proportion of deaths?
   (*b*) Are isolation and disinfection practiced?
   (*c*) Can you give any facts relating to its beginning and mode of spreading?
   (*d*) General sanitary condition of houses infected with diphtheria.
9. Have malarial diseases prevailed more or less than in 1892?
   (*a*) If at all, what is the general character?
10. Extent and prevailing type of measles.
    (*a*) Restrictive precautions.
11. In general, what is the sanitary condition of town as regards sewage disposal and drainage?
12. What sanitary improvements have been made during the year?
13. Has your board of health issued a code of sanitary regulations?
14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene?
15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas?

In response to the above inquiries, the following have been received:

TOWN OF ABILENE—E. E. HAZLETT, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There was less sickness than usual last year.

2. What is the water supply of your town? Is from a natural, inexhaustible spring, and is the best in the world, being almost entirely devoid of organic matter.

3. Has typhoid fever been unusually prevalent? No; a few questionable cases only. (*a*) In what months most prevalent? September. (*b*) Has it been traced in any instance to a special source? No.

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4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes; so far as I am aware.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only when complaints are received, or when I myself see some violation of the law.

6. Extent and prevailing type of scarlet fever: A few cases only, of the regular mild form. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Funerals are generally of a private character, and disinfection thorough.

8. To what extent has diphtheria prevailed, and type? One case only reported, but diphtheria was assigned as the cause of death on 14 death certificates. (*b*) Are isolation and disinfection practiced? Yes; so far as I am able to know. (*c*) Can you give any facts relating to its beginning and mode of spreading? No; the cases have, as a rule, been of sporadic character, scattered throughout the county. (*d*) General sanitary condition of houses infected with diphtheria: Don't know; having been notified a month or so after the demise of the patients, did not investigate.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Of remittent type — the so-called typho-malarial, principally. We have very few intermittents.

10. Extent and prevailing type of measles: Thirty-five cases reported — am satisfied many more not reported, owing to the apathy on the part of the physicians. Two deaths were reported from this cause.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? The sewerage of the town is not good; garbage is dumped into the streets and alleys promiscuously.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Decidedly yes.

TOWN OF ALMA—G. C. BEALS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? So far as I can observe, about the same.

2. What is the water supply of your town? Drilled wells. (*a*) Is the water supply good? Yes, with exception of being intensely "hard." (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Never heard of its being done.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Sanitary inspection is something we never have to complain of to health board here.

6. Extent and prevailing type of scarlet fever: Two or three; one died. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? None whatever, except what the physician is able to accomplish.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Precaution is a procedure unknown here.

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8. To what extent has diphtheria prevailed, and type? None in the last year.

9. Have malarial diseases prevailed more or less than in 1892? No. (*a*) If at all, what is the general character? Nothing different from the ordinary.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Drainage is fairly good, but it is all of a surface character.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? The subject of public hygiene would be regarded as a curiosity here.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF AMERICUS—A. B. ROYAL, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More; two epidemics of la grippe.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August and September. (*b*) Has it been traced in any instance to a special source? Yes; to foul well; three families infected from same well.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Presumably upon complaints received, as we have never seen them in our neighborhood.

6. Extent and prevailing type of scarlet fever: Few isolated cases; mild type. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Too few precautions are observed.

8. To what extent has diphtheria prevailed, and type? Few cases; mild type. (*a*) Proportion of deaths? No deaths. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No, except by contagion. (*d*) General sanitary condition of houses infected with diphtheria: Fair.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Tertian fever.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal
rainage good; no sewerage system.
ry improvements have been made during the year? None, except
e.
ard of health issued a code of sanitary regulations? If so, have

in your opinion, any advance in public sentiment on questions of
ne? Yes.
you in favor of the legislature enacting a law requiring every person to
te of some reputable medical college before he or she shall engage in the
edicine in Kansas? Yes.

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TOWN OF ANTHONY—A. H. BALDWIN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There has been an increase.

2. What is the water supply of your town? Bluff creek. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Until last year; from June to October, water very low and impure.

3. Has typhoid fever been unusually prevalent? Yes. (*a*) In what months most prevalent? July to November. (*b*) Has it been traced in any instance to a special source? No; only supposition that it came from bad water.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It is.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? One a year; in spring, inspection is made and garbage, etc., ordered removed.

6. Extent and prevailing type of scarlet fever: Have had no marked cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Have had no contagious diseases during year.

8. To what extent has diphtheria prevailed, and type? No cases.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Complicated with typhoid fever.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Sewage is removed as ordered or complaint is made; drainage in city poor.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Not that I know of.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Very little, if any, in our locality.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Most heartily.

TOWN OF ARCADIA—JULIUS PASLEY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? It has been less.

2. What is the water supply of your town? It is by wells. (*a*) Is the water supply good? Very good. (*b*) In all months of the year? Some of the wells failed in November and December; all were quite low.

3. Has typhoid fever been unusually prevalent? It has not. (*a*) In what months most prevalent? October, November, and December. (*b*) Has it been traced in any instance to a special source? It has not.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It has been.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints received.

6. Extent and prevailing type of scarlet fever: No scarlet fever in 1893. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? They are.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Disinfections used in all cases.

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8. To what extent has diphtheria prevailed, and type? No diphtheria. (*b*) Are isolation and disinfection practiced? They are. (*c*) Can you give any facts relating to its beginning and mode of spreading? I cannot. (*d*) General sanitary condition of houses infected with diphtheria: I can't say.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Typho-malarial.

10. Extent and prevailing type of measles: No measles. (*a*) Restrictive precautions: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? We have no sewerage for drainage. Our town site is rolling, and natural drainage good.

12. What sanitary improvements have been made during the year? Not any.

13. Has your board of health issued a code of sanitary regulations? It has not.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am.

TOWN OF ARKANSAS CITY—CHAS. DUNNING, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? A slight increase over former years.

2. What is the water supply of your town? Springs, delivered from standpipe. (*a*) Is the water supply good? Above the average. (*b*) In all months of the year? Yes, except perhaps during September, when, on account of the vast quantity used, it was not up to average.

3. Has typhoid fever been unusually prevalent? More than usual. (*a*) In what months most prevalent? September and October. (*b*) Has it been traced in any instance to a special source? To the dry weather and use of well water, and the crowded condition of the city during first half of September, previous to the opening of the Cherokee strip.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes, with perhaps a few exceptions.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts on complaints, and the health officer makes systematic inspections of alleys, etc.

6. Extent and prevailing type of scarlet fever: *Scarlatina simplex;* very few cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Funerals private, and rooms disinfected and fumigated.

prevailed, and tpye? Very few cases. (*a*) Pro-
(*b*) Are isolation and disinfection practiced?
y facts relating to its beginning and mode of
occurred have been solitary, and there has been

vailed more or less than in 1892? About the same.
al character? Intermittent and remitted, and typho-

iling type of measles: Have been few cases, of mild form.

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11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? City is located on a ridge, about 70 feet above river, on east and west. We have six miles of sewers, so that the disposal of sewage is most excellent, and the sanitary condition good.

12. What sanitary improvements have been made during the year? Systematic inspection of streets and alleys, and prompt removal of refuse of all kinds; street gutters are flushed two or three times a week, etc.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes, they are much more particular in disposing of refuse and keeping cellars and premises clean.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I most assuredly am in favor of such a law.

TOWN OF ARRINGTON.—J. F. PRESTON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More than previous years.

2. What is the water supply of your town? Wells and springs. (*a*) Is the water supply good? Yes. (*b*) In all months in the year? Yes.

3. Has typhoid fever been unusually prevalent? Not a case in the year 1893. (*a*) In what months most prevalent? Usually the autumn months. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Systematically.

6. Extent and prevailing type of scarlet fever: None in 1893. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Thorough disinfection.

8. To what extent has diphtheria prevailed, and type? Not a case in 1893. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? I believe there must exist favorable conditions in the throat, or other parts, of a benign character (or unhealthy condition) to afford a soil suitable for inoculation by the diphtheria germ when present in the air.

9. Have malarial diseases prevailed more or less than in 1892? Yes. (*a*) If at all, what is the general character? Continual and remitting.

10. Extent and prevailing type of measles: None in 1893. (*a*) Restrictive precautions: Exclusion of patient, etc.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good, drainage being natural.

12. What sanitary improvements have been made during the year? General cleaning up.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes; furthermore, that the legislature enact a law compelling any person or persons, traveling in this state, soliciting patients for

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treatment, in behalf or interest of any medical institute, to pay a license of $250 into the county treasury of each county in this state, to go into the general school fund.

TOWN OF ASHLAND—W. F. TAYLOR, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Good. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*b*) Has it been traced in any instance to a special source? One case; surface water from barnyard drained into the well.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaint.

6. Extent and prevailing type of scarlet fever: None.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Have had no deaths from such causes since board was organized.

8. To what extent has diphtheria prevailed, and type? Not at all.

9. Have malarial diseases prevailed more or less than in 1892? Not at all.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? We have no sewerage system.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I certainly am.

TOWN OF ATCHISON—P. S. MITCHELL, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I think there has been more than usual.

2. What is the water supply of your town? Missouri-river hydrant, cistern and well water. (*a*) Is the water supply good? Yes; especially hydrant and cistern. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? More than in 1891 and 1892. (*a*) In what months most prevalent? October, November, and December. (*b*) Has it been traced in any instance to a special source? No.

4. [illegible]ion of excreta of typhoid patients insisted upon by the physicians [illegible]es, generally.

[illegible]rd of health make sanitary inspection systematically, or does it [illegible]plaints received? Only upon complaints made, except last spring [illegible]we had sanitary officer to inspect and clean up generally.

[illegible]d prevailing type of scarlet fever: 50 cases reported, but no deaths; [illegible] isolation and disinfection usually practiced with scarlet-fever pa[illegible]; it is recommended by most physicians, but not practiced as much as [illegible].

[illegible] contagious diseases, what precautions are observed concern-

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ing funerals, disinfection, etc.? The undertakers observe the State Board rules admirably well.

8. To what extent has diphtheria prevailed, and type? About 30 cases and 15 deaths. (*a*) Proportion of deaths: 50 per cent. (*b*) Are isolation and disinfection practiced? Yes, generally. The great trouble seems to be diagnosing. (*c*) Can you give any facts relating to its beginning and mode of spreading? In one family, two physicians had diagnosed diphtheria; the third one called said it was membranous croup, and had the family take down placard, or red flag, etc. (*d*) General sanitary condition of houses infected with diphtheria: Sanitary condition of some houses was poor, while others were good.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Remittent fever.

10. Extent and prevailing type of measles: Very few cases of measles; mild. (*a*) Restrictive precautions: Isolation and disinfection.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good; the city of Atchison is exceptionally well drained; quite a large stream (White Clay) runs through center of city to Missouri river east, while on either side the elevation is sufficiently great to make sewerage and drainage easy.

12. What sanitary improvements have been made during the year? Public dump for refuse and garbage, general cleaning up, etc.

13. Has your board of health issued a code of sanitary regulations? No; but have suggested code recommended by State Board.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; but there is room for great deal more advancement.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Emphatically yes.

TOWN OF AUGUSTA—H. D. HILL, M. D.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Has not been since the month of August. (*b*) In all months of the year? No.

3. Has typhoid fever been unusually prevalent? Not in the town, but has been in the country. (*a*) In what months most prevalent? September, October, and November. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think so, generally.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts only upon complaints received.

6. Extent and prevailing type of scarlet fever: Epidemic during the year; mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Where physicians have been called, good sanitary conditions have been maintained, but many cases have had no care.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The funerals in such cases have been mostly private. Disinfection carried out.

8. To what extent has diphtheria prevailed, and type? I have seen no case during the year.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Intermittent.

10. Extent and prevailing type of measles: But few cases; type, *Merbilli mitiones*. (*a*) Restrictive precautions: Isolation in every case.

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11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? There is no general system of sewerage, but natural drainage is good, and garbage has been disposed of by burying and burning.

12. What sanitary improvements have been made during the year? The natural drainage has been improved by adding artificial where needed.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF AXTELL—WM. STRAYER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? There has not been a case during the year.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Upon complaints.

6. Extent and prevailing type of scarlet fever: None.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? All legal precautions.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Remittent and typho.

10. Extent and prevailing type of measles: None.

12. What sanitary improvements have been made during the year? Old buildings displaced by elegant new brick business buildings.

13. Has your board of health issued a code of sanitary regulations? I have never seen it.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF BAKER—E. T. MEYERS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More.

2. What is the water supply of your town? Wells 30 to 90 feet deep. (*a*) Is the [illegible] supply good? It is. (*b*) In all months of the year? It is.

[illegible] Has typhoid fever been unusually prevalent? It has not. (*a*) In what months [illegible] revalent? From September to December. (*b*) Has it been traced in any in[illegible] to a special source? No.

[illegible] s disinfection of excreta of typhoid patients insisted upon by the physicians [illegible] vicinity? As far as I know, it is.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? This town has no board of health.

6. Extent and prevailing type of scarlet fever: Few cases, of a mild form. (*a*)

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Are isolation and disinfection usually practiced with scarlet-fever patients? They are in every case, as far as I know.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? As a rule funerals are not public; houses disinfected.

8. To what extent has diphtheria prevailed, and type? Not at all in Baker or vicinity.

9. Have malarial diseases prevailed more or less than in 1892? Not so much. (*a*) If at all, what is the general character? Typho-malarial; some well-marked intermittent.

10. Extent and prevailing type of measles: Common red measles. (*a*) Restrictive precautions: Family requested to remain at home.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? This town has no board of health.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I should say there is.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am; quick.

TOWN OF BARNES—A. L. ROSEBOROUGH, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? As to this, I cannot say—was not located here in 1892.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? September and October. (*b*) Has it been traced in any instance to a special source? None, except filthy surroundings.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes, as a rule.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Generally only on reports received.

6. Extent and prevailing type of scarlet fever: Not very prevalent; mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Fumigation of houses.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? I cannot say, as I was not located here. (*a*) If at all, what is the general character? Typho-malarial fever.

10. Extent and prevailing type of measles: 40 cases, in 1893, in March. (*a*) Restrictive precautions: As a rule, people regard measles as a trivial matter, and would as soon their children would get it as not.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Surface drainage which is naturally good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Very little, if any, in this town.

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15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am; if pharmacists are protected, why should n't doctors be? and I think they should be.

TOWN OF BELLEVILLE—J. S. BILLINGSLEY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Probably less than the average.

2. What is the water supply of your town? A deep public well and private cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? July and August. (*b*) Has it been traced in any instance to a special source? No, not definitely.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts only upon complaints of citizens.

6. Extent and prevailing type of scarlet fever: Only a few isolated cases; all mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Rules of State Board of Health followed implicitly.

8. To what extent has diphtheria prevailed, and type? Not a single case during 1893. (*d*) General sanitary condition of houses infected with diphtheria: Have none.

9. Have malarial diseases prevailed more or less than in 1892? Rather more. (*a*) If at all, what is the general character? Generally in the types of remittent and intermittent fevers. These are, however, very mild and easily controlled.

10. Extent and prevailing type of measles: We had a general epidemic in April and May. The type was a mild one, and, except an occasional complicated case, all recovered. All cases were quarantined.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very poor as to sewage disposal. We have no sewers, and each citizen is a law unto himself. No drainage except the natural drainage, which is good.

12. What sanitary improvements have been made during the year? None whatever.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; still we have much to learn in that direction.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF BELOIT—I. R. SWIGART, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? The difference, if any, has been very little either way.

2. What is the water supply of your town? Cisterns, wells, and city waterworks. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; less probably than formerly. (*a*) In what months most prevalent? September. (*b*) Has it been traced in any instance to a special source? Yes; bad sewerage.

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4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes; all cases.

5. Does your board of health make inspections systematically, or does it act only upon complaints received? Only on complaint. The people are not yet educated to systematic inspection. They are learning.

6. Extent and prevailing type of scarlet fever: Sporadic and mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Instructions of State Board of Health observed nearly to the letter.

8. To what extent has diphtheria prevailed, and type? None at all in Beloit. (*a*) Proportion of deaths? Only one in county. (*b*) Are isolation and disinfection practiced? Yes, rigidly. (*c*) Can you give any facts relating to its beginning and spreading? Nothing new this year; see my report for 1891.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Very mild and vague.

10. Extent and prevailing type of measles: Epidemic, yet mild. (*a*) Restrictive precautions: Isolation, quarantine, and disinfection.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good.

12. What sanitary improvements have been made during the year? Extensive sewerage.

13. Has your board of health issued a code of sanitary regulations? Yes; reissued old code.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; there is a healthy growing advance.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes; and of a law compelling *all* to register and show cause why they should be allowed to practice.

TOWN OF BLUFF CITY.—J. W. ARNOLD, M. D.

1. Including all sickness, has there been more or less during the year 1893 than than the average in previous years? Less.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? We had none.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints.

6. Extent and prevailing type of scarlet fever: *Scarlatina simplex.* (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes; when we have it.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Try to take all precautions possible; burn sulphur.

8. To what extent has diphtheria prevailed, and type? None in this county; two cases in Sumner county. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No; I was too far away. (*d*) General sanitary condition of houses infected with diphtheria: Seem to be good.

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9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? A slow, low type of fever; a continued fever in a few cases.

10. Extent and prevailing type of measles: None that I know of. (*a*) Restrictive precautions: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good.

12. What sanitary improvements have been made during the year? A general cleaning up.

13. Has your board of health issued a code of sanitary regulations? Not to my knowledge.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I think there has been.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am, most assuredly.

TOWN OF BOGUE—JAMES NORRISH, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less in the town of Bogue.

2. What is the water supply of your town? From wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No cases during 1893.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I insist upon it, but do not know the practice of others.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? On complaints received.

6. Extent and prevailing type of scarlet fever: No cases.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Have been exempt from above, but in case of occurrence should follow instructions of board of health.

8. To what extent has diphtheria prevailed, and type? No cases.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Remittent.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? The sanitary condition is good; cesspools are the receptacle for sewage.

12. What sanitary improvements have been made during the year? None were necessary.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I think not.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF BURDEN—W. H. MAUSER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? If any difference, rather less.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Good for the past 10 years. (*b*) In all months of the year? Except for the past few months, on account of the long-continued drought.

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3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August, September, and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? To a degree, but not universally.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Our town has no board of health or specially-appointed health officer.

6. Extent and prevailing type of scarlet fever: Has never been a case in town.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Having funerals private; the simple modes of disinfection.

8. To what extent has diphtheria prevailed, and type? Two epidemics in 10 years, 1886 and 1888; mild. (*a*) Proportion of deaths: 6 per cent. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? The epidemic of 1886 was started here by a family moving into the neighborhood from Vermont, who contracted it on the way here. (*d*) General sanitary condition of houses infected with diphtheria: The worst cases at that time were in houses whose sanitary condition seemed to be the best.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: Measles are prevalent, of mild type. (*a*) Restrictive precautions: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am.

TOWN OF BURLINGTON—WILLIAM MANSON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less sickness during the year 1893 than for several years.

2. What is the water supply of your town? For drinking and culinary purposes, well water. We have hydrant water taken from the river. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? Had a few cases in September and October. (*b*) Has it been traced in any instance to a special source? To filthy wells.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Does neither.

6. Extent and prevailing type of scarlet fever: No cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Rooms disinfected.

8. To what extent has diphtheria prevailed, and type? But few cases; *follicular*

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tonsilitis. (*a*) Proportions of deaths? None. (*b*) Are isolation and disinfection practiced? No.

9. Have malarial diseases prevailed more or less than in 1892? Less.

10. Extent and prevailing type of measles: But few cases of measles, of mild type. (*a*) Restrictive precautions: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Fair. We have natural drainage; a creek runs through the town; has rock bottom, and a good fall.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I think there is.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine and obstetrics in Kansas? Yes.

TOWN OF BURR OAK—J. E. HAWLEY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Surface water and cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? July, August, and September.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? If at all, upon complaint.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Prevented, if possible, as to public funerals.

8. To what extent has diphtheria prevailed, and type? Slight, but severe. (*a*) Proportion of deaths? One-fourth. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Not as to beginning, but spread by communication. (*d*) General sanitary condition of houses infected with diphtheria: Poor.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? None to amount to a general spread of malarial conditions.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Poor.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No; I do n't think the city council has paid any attention to health.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to graduate of some reputable medical college before he or she shall engage in the ice of medicine in Kansas? Yes; or pass an examination before the State of Health.

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TOWN OF CAWKER CITY—E. G. MASON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? First of 1893 was quite sickly; last part of year has been very healthy.

2. What is the water supply of your town? Wells and cisterns; well water good. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August and December. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Our board of health is very systematic.

6. Extent and prevailing type of scarlet fever: We had an epidemic of scarlet fever last winter; mostly mild cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Private funerals always, and proper disinfection.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Typho-malarial character.

10. Extent and prevailing type of measles: Good many cases; mild form. (*a*) Restrictive precautions: None especially.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Everything has been kept clean in our town for the past year.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance is public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF CHANUTE—J. R. JONES, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? It was the healthiest for years.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; a few doubtful cases. (*a*) In what months most prevalent? November. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? By some.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaint.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? People warned not to attend.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? No.

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10. Extent and prevailing type of measles: None; a few cases in country.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am; and an examination as to qualifications to practice.

TOWN OF CHASE—W. W. SPIERS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Rather less.

2. What is the water supply of your town? Wells altogether. (*a*) Is the water supply good? Generally, yes. (*b*) In all months of the year? Sometimes a well in summer and fall becomes filthy and produces typhoid fever.

3. Has typhoid fever been unusually prevalent? No; about as usual. (*a*) In what months most prevalent? August and September. (*b*) Has it been traced in any instance to a special source? Sometimes filthy wells, and frequently to contagion from a previous case.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Most of them do; some few will not learn anything.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints.

6. Extent and prevailing type of scarlet fever: Only a few isolated cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Disinfection and isolation.

8. To what extent has diphtheria prevailed, and type? Very few cases; type, mild. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Always contracted. (*d*) General sanitary condition of houses infected with diphtheria: Not particularly bad.

9. Have malarial diseases prevailed more or less than in 1892? Have very little malaria here.

10. Extent and prevailing type of measles: Not much measles this year. (*a*) Restrictive precautions: Isolation.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Nothing but privy vaults, which are filled up and new ones dug.

12. What sanitary improvements have been made during the year? None, only
e more care in removing garbage.

. Has your board of health issued a code of sanitary regulations? No.

. Is there, in your opinion, any advance in public sentiment on questions of
hygiene? Yes.

5. Are you in favor of the legislature enacting a law requiring every person to
graduate of some reputable medical college before he or she shall engage in the
ractice of medicine in Kansas? Yes, decidedly; and all present practitioners ought
o be examined as to their fitness to practice medicine.

TOWN OF CHEROKEE.—A. C. GROVES, M. D.

1. Including all sickness, has there been more or less during the year 1893 than
evious years? I think there has been less sickness in 1893 than in

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2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Medium. (*b*) In all months in the year? Water supply not good during the dry weather of the past fall and winter.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have no board of health.

6. Extent and prevailing type of scarlet fever: Have had no scarlet fever.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? None.

8. To what extent has diphtheria prevailed, and type? Two cases. (*a*) Proportion of deaths? Two deaths. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Not good.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Intermitting and remitting fevers.

10. Extent and prevailing type of measles: Have had no measles.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Not good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF CHERRY VALE — JOHN PICHLER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There has been less sickness in country districts; more in the city.

2. What is the water supply of your town? The public water is from a pond or small lake. (*a*) Is the water supply good? Good during winter and spring; scarce in summer and fall. Private water supply from cisterns and wells is fair, except in very dry seasons.

3. Has typhoid fever been unusually prevalent? No, there were only a few cases, but about one-fourth fatal. (*a*) In what months most prevalent? During October, November, and December. (*b*) Has it been traced in any instance to a special source? Supposed to have been caused by poor water more than any other cause.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes, most of us insist very strongly on disinfectants and removal of fæcal matter.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? The board of health, as a rule, does not act on nuisances being corrected until some doctor or other citizen complains.

6. Extent and prevailing type of scarlet fever: There were only three or four cases; sporadic — not severe. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes; cards are posted in front of houses, and communication strictly prohibited, and even members of the family kept from the sick room.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The funerals take place on shortest possible notice, and from the house — not from churches.

8. To what extent has diphtheria prevailed, and type? Had no diphtheria; only diphtheretic sore throat. (*a*) Proportion of deaths: Had no deaths from diphtheria.

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(*b*) Are isolation and disinfection practiced? Yes. (*d*) General sanitary condition of houses infected with diphtheria: As a rule in untidy households; but exceptionally in even clean homes.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? What few malarial cases we had were of a slow, tedious, intermittent type.

10. Extent and prevailing type of measles: Had no measles in 1893, but a great deal in 1892. (*a*) Restrictive precautions: The children were kept from school until some time after the last member of the family was entirely well.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Sewerage and drainage are naturally good, and, with the right kind of a street commissioner, very good.

12. What sanitary improvements have been made during the year? Old caved-in wells on vacant lots (which were formerly occupied) have been filled in.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes, since our present school superintendent introduced hygiene as a study in schools.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF CLAY CENTRE—SAM. E. REYNOLDS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Yes, especially with the aged. The annual report shows 11 deaths between 80 and 90 years of age.

2. What is the water supply of your town? Wells, and from waterworks. (*a*) Is the water supply good? Good. (*b*) In all months of the year? Yes. Of course, many persons allow their wells to get in bad condition.

3. Has typhoid fever been unusually prevalent? No; but two deaths in 1893. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? To some extent.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints, as we have a city board of health which is supposed to look after Clay Centre's interests.

6. Extent and prevailing type of scarlet fever: Not extensive, and usually in mild form. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Great care.

8. To what extent has diphtheria prevailed, and type? Not to a great extent; six deaths. (*a*) Proportion of deaths? 33⅓ per cent. (*b*) Are isolation and disinfection practiced? Yes. (*d*) General sanitary condition of houses infected with diphtheria? Not good.

9. Have malarial diseases prevailed more or less than in 1892? Yes. (*a*) If at all, what is the general character? Our malarial attacks of 1893 have, in general, been of a milder form than usual, and of much shorter duration.

10. Extent and prevailing type of measles: German measles; estimated number of cases, 50. (*a*) Restrictive precautions: Isolation, as far as possible.

11. In general, what is the sanitary condition of town as regards sewage disposal

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and drainage? Not a very great amount of attention paid to them, except in the spring of the year, when the annual cleaning-up time arrives.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No; have ordered me to carry out the instructions of the Secretary of the State Board of Health.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Some.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF CLIFTON—H. E. POTTER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I think rather more.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes. Most of the well water is quite soft, and free from vegetable or animal contamination.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? I have never seen a genuine case of typhoid fever in the state.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think it would be if they had such under treatment.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have no local board, other than county, and I 've never heard them accused of inspecting anything.

6. Extent and prevailing type of scarlet fever: Very few, of the mildest type. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes; always as far as practicable.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? We have had no such deaths for many years.

8. To what extent has diphtheria prevailed, and type? Not at all.

9. Have malarial diseases prevailed more or less than in 1892? I think rather more. (*a*) If at all, what is the general character? Intermittent and continuous, or relapsing.

10. Extent and prevailing type of measles: Very few cases; all mild. (*a*) Restrictive precautions: Isolation; but, in many cases, only when too late to prevent communication—after cough and other catarrhal symptoms are marked.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Naturally good; artificially rotten. We have no sewers, but the ground is sloping, and natural drainage good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No board.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; but oh, woefully slow.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Decidedly and emphatically yes. This should embrace midwives as well.

TOWN OF CLYDE—A. G. SEXTON, M. D.

2. What is the water supply of your town? Waterworks and good water from wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most

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prevalent? August and September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Makes inspections systematically.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Winding in disinfected sheets and due precautions in interring.

8. To what extent has diphtheria prevailed, and type? Has not been a case in two years.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: A few cases, of mild type. (*a*) Restrictive precautions: Some restriction keeping patients isolated and using disinfectants.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Our drainage is good; have no sewerage.

12. What sanitary improvements have been made during the year? None, only cleansing alleys and vaults, etc.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; I think the majority are realizing that it is beneficial.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, and am willing to aid all in my power.

TOWN OF COALVALE.—A. BELL, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More sickness.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? It ran low in August and following months. (*b*) In all months of the year? Plenty of good water first half of year.

3. Has typhoid fever been unusually prevalent? Several cases. (*a*) In what months most prevalent? August, September, October, and November. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Cleanliness is well observed.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? No board of health, and no practicing physician lives in this village.

6. Extent and prevailing type of scarlet fever: No. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Never had any.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No contagious diseases this year.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? More than in 1892, and less chills and fever. (*a*) If at all, what is the general character? Reported as typhoid malarial.

10. Extent and prevailing type of measles: None.

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11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? A pretty clean village; no sewers; good natural drainage.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No board of health.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF COLBY—J. W. MARTIN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? September and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints.

6. Extent and prevailing type of scarlet fever: Small extent and mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfections, etc.? General disinfection.

8. To what extent has diphtheria prevailed, and type? Not at all. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Mild form.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? No sewerage; surface drainage.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF COLDWATER—J. S. HALLIDAY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More; consumption and accidents the principal causes.

2. What is the water supply of your town? Wells, 70 to 80 feet deep. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Yes; two cases, both fatal. (*a*) In what months most prevalent? October and November. (*b*) Has it been

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traced in any instance to a special source? No; they had both been to the "strip" opening.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? They are buried.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? They act only on complaint.

6. Extent and prevailing type of scarlet fever: None.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? After the two cases of typhoid fever, thorough disinfection.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? None at any time.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good natural drainage.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No; only had printed certain rules adopted by the State Board.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? None in particular.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes; and even then should be questioned in many instances.

The sanitary condition of the county appears as good as in 1892, but have had more than three times as many deaths.

TOWN OF COLONY—E. S. METCALF, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About an average.

2. What is the water supply in your town? Cisterns. (*a*) Is the water supply good? Generally. (*b*) In all months of the year? Yes; most of our citizens filter the water.

3. Has typhoid fever been unusually prevalent? Rather more than usual. (*a*) In what months most prevalent? September, October, and November. (*b*) Has it been traced in any instance to a special source? The exceedingly dry weather during those months rendered the water in the surrounding territory very poor.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Very generally.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints received.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Public funerals are forbidden, and customary precautions are observed.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? Very much the same. (*a*) If at all, what is the general character? Remittent and typho-malarial.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? The natural drainage is excellent and sufficient.

13. Has your board of health issued a code of sanitary regulations? No.

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14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I favor restrictive legislation that will exclude charlatans and permit the qualified to practice medicine.

TOWN OF COLUMBUS—J. H. BAXTER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? November and December. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Complaints.

6. Extent and prevailing type of scarlet fever: Three cases reported; *simplex*. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The usual precautions.

9. Have malarial diseases prevailed more or less than in 1892? Less in 1893 than in 1892.

10. Extent and prevailing type of measles: A few cases, very mild, reported.

11. In general, what is the sanitary condititon of town as regards sewage disposal and drainage? Excellent.

12. What sanitary improvements have been made during the year? None except sewerage.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF CONCORDIA—T. E. RAINES, M. D.

2. What is the water supply of your town? System of waterworks supplied by wells; private individuals have wells and cisterns. (*a*) Is the water supply good? Not according to state chemist's report of a few years ago. (*b*) In all months of the year? Same.

3. Has typhoid fever been unusually prevalent? No; a few cases in different parts of county. (*a*) In what months most prevalent? August, September, and October. (*b*) Has it been traced in any instance to a special source? Principally to impure water.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints received.

6. Extent and prevailing type of scarlet fever: A few cases only, running a mild course. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

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7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Strictest sanitary regulations in each and every case.

8. To what extent has diphtheria prevailed, and type? A few cases reported. (*a*) Proportion of deaths: But few. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Good as the average.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: Only a few very mild cases reported for 1893. (*a*) Restrictive precautions: Strictly quarantined as well as circumstances will permit.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? All "swill" is barreled, and hauled away. No sewers; only natural drainage.

12. What sanitary improvements have been made during the year? A few ditches opened for better drainage, and all garbage and filth gathered up and burned; city thoroughly cleaned.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; a great deal more.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF CORNING—I. N. MAGILL, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Generally less.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Fair.

3. Has typhoid fever been unusually prevalent? No; several cases last quarter. (*a*) In what months most prevalent? September, October, and November. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Systematically; empowered health officer to look after the sanitary conditions.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? No.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Nothing reported.

8. To what extent has diphtheria prevailed, and type? None. (*d*) General sanitary condition of houses infected with diphtheria: None reported.

9. Have malarial diseases prevailed more or less than in 1892? Yes. (*a*) If at all, what is the general character? Light form.

10. Extent and prevailing type of measles: None reported.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? All towns

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in county have enforced sanitary laws better in regard to cleanliness than previously, under direction of health officer.

13. Has your board of health issued a code of sanitary regulations? No; only empowered county health officer to look after all complaints.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Nothing reported.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, emphatically.

TOWN OF COTTONWOOD FALLS—H. T. JOHNSON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Yes.

2. What is the water supply of your town? Wells, only. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Yes; in the country. (*a*) In what months most prevalent? Since August, and it is still here. (*b*) Has it been traced in any instance to a special source? I think it is attributable to the low water in the streams, as upon their banks it seems to lurk.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think so.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Have none.

6. Extent and prevailing type of scarlet fever: Have had some very mild cases of scarlatina. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Usually, but not always.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? I guess there would be due precautions taken.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? I think not (*a*) If at all, what is the general character? Some mild cases of common ague, but less in numbers than usual. There has been, generally, more true typhoid here than ever before.

10. Extent and prevailing type of measles: None for 1893, but some here now. (*a*) Restrictive precautions: Probably there would be nothing certain.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? No drainage or sewerage, but sanitary condition good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Have none.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? More among the people in private than in public.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am, most emphatically.

TOWN OF COUNCIL GROVE—Z. T. HARVEY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Slight increase over previous years.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Not more than four cases in

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city. (*a*) In what months most prevalent? All cases occurred in November and December. (*b*) Has it been traced in any instance to a special source? It has not; the first case was contracted in the southern part of the state.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Does n't act at all.

6. Extent and prevailing type of scarlet fever: Five or six cases, of mild type; one death. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Private funerals.

8. To what extent has diphtheria prevailed, and type? Few cases; four deaths. (*a*) Proportion of deaths? One to five. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: A majority of cases was in families where sanitary regulations were not very well observed.

9. Have malarial diseases prevailed more or less than in 1892? No perceptible difference. (*a*) If at all, what is the general character? Ordinary type; no case, so far as known, assumed typhoid complication.

10. Extent and prevailing type of measles: Recently had ordinary type; no deaths. (*a*) Restrictive precautions: Families have been advised to seclude themselves as much as possible.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? No sewerage system; depend on natural drainage, which is very good is the city.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am, most assuredly.

TOWN OF DELPHOS—J. H. PAYNE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the same.

2. What is the water supply of your town? All wells. (*a*) Is the water supply [illegible]d? Yes. (*b*) In all months of the year? Yes.

3. Is disinfection of excreta of typhoid patients insisted upon by the physicians [illegible]our vicinity? Yes, when we have typhoid.

5. Does your board of health make sanitary inspections systematically, or does [illegible] act only upon complaints received? No board of health.

6. Extent and prevailing type of scarlet fever: Mild form. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The same as in ordinary funerals.

8. To what extent has diphtheria prevailed, and type? Always in mild form. (*a*) Proportion of deaths? Death rate low. (*b*) Are isolation and disinfection practiced? Yes. (*d*) General sanitary condition of houses infected with diphthe-

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9. Have malarial diseases prevailed more or less than in 1892? About the same.

10. Extent and prevailing type of measles: Prevailing at present. (*a*) Restrictive precautions: Isolation.

13. Has your board of health issued a code of sanitary regulations? No board of health.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? There is.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am.

TOWN OF DEXTER—G. M. HAWKINS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? First half of year, about average; last half, more sickly, on account of measles and la grippe.

2. What is the water supply of your town? From wells. (*a*) Is the water supply good? Generally good. (*b*) In all months of the year? Last three months water low and, in cases, bad; some families using water from the creek.

3. Has typhoid fever been unusually prevalent? No more fever than usual. (*a*) In what months most prevalent? September to January. (*b*) Has it been traced in any instance to a special source? In all cases coming under my observation, the cause appeared to be bad water from foul wells.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think disinfection is generally insisted on.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Their action is confined to removal of filth from alleys, back yards, and privies; very lax.

6. Extent and prevailing type of scarlet fever: None but a few sporadic cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Suitable precautions are taken in the way of isolation and disinfection.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? After death from diphtheria, thorough disinfection is required.

8. To what extent has diphtheria prevailed, and type? Very little diphtheria; mild type. (*a*) Proportion of deaths? No deaths in last year. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Very little; though in some cases the unsanitary surroundings would appear to account for the outbreak, while in others no cause could be assigned. (*d*) General sanitary condition of houses infected with diphtheria: Bad in a majority of cases, while in others the sanitation appeared excellent, with no known cause or opportunity for contagion.

9. Have malarial diseases prevailed more or less than in 1892? Very little malarial disease. (*a*) If at all, what is the general character? Mostly intermittent fever. There has been no malignant fever and very little remittent; the usual amount of malarial toxæmia.

10. Extent and prevailing type of measles: General through this region; mild. (*a*) Restrictive precautions: Some public schools closed, public meetings discountenanced, and partial isolation enforced. So far, there has been no mortality.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good, though we have no sewerage system; people are required to keep premises clean.

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12. What sanitary improvements have been made during the year? Very little, except in better enforcement of sanitary rules.

13. Has your board of health issued a code of sanitary regulations? Not specially, except what is contained in city ordinances.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Physicians and city officers are more interested than in former years.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, decidedly; and to formulate some law to weed out the army of incompetents now practicing (?) in the state.

TOWN OF DIGHTON—F. L. ROWND, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the average amount of sickness.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? Autumn. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? By some it is, by others it is not.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaint.

6. Extent and prevailing type of scarlet fever: No scarlet fever.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Have had no cases of contagious diseases in the county during last year.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? No.

10. Extent and prevailing type of measles: One case only, of mild type. (*a*) Restrictive precautions: Quarantine.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Don't know.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF DODGE CITY—C. A. MILTON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Both.

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6. Extent and prevailing type of scarlet fever: Mild type has been quite prevalent. (a) Are isolation and disinfection usually practiced with scarlet-fever patients? Not in all cases. Most of the cases have no physician.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Public funerals prohibited; thorough disinfection.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? No.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? First class.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am.

TOWN OF DOUGLASS—J. R. McCLUGGAGE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I think less.

2. What is the water supply of your town? Wells; some cisterns. (a) Is the water supply good? Yes. (b) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (a) In what months most prevalent? August, September, and October. (b) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think by none except myself.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We occasionally inspect without complaint, but generally only on complaint.

6. Extent and prevailing type of scarlet fever: Quite a number in town and vicinity; mild; simple. (a) Are isolation and disinfection usually practiced with scarlet-fever patients? Always, if reported; but many are smuggled and overlooked by irregular and incompetent physicians.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Have had no deaths in 1893.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? About the same. (a) If at all, what is the general character? Intermittent and remittent.

10. Extent and prevailing type of measles: One or two local epidemics; ordinary. (a) Restrictive precautions: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? None, except cleaning and burning; no artificial sewers.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? To a limited extent.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in

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the practice of medicine in Kansas? I am; and then I am in favor of having it enforced.

TOWN OF EL DORADO—J. A. McKENZIE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I think not—about an average.

2. What is the water supply of your town? Good. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August, September, and October. (*b*) Has it been traced in any instance to a special source? In some instances has been traced to local cause.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Our city is divided into districts, and a member of the local board is assigned to look after a certain district.

6. Extent and prevailing type of scarlet fever: A few cases, usually in mild form. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes, in every instance.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Every precaution taken to prevent spread of disease.

8. To what extent has diphtheria prevailed, and type? A few cases reported. (*a*) Proportion of deaths: No deaths reported from diphtheria. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? There has been no apparent cause favorable to the development or spread of diphtheria in our locality. (*d*) General sanitary condition of houses infected with diphtheria: Generally good.

9. Have malarial diseases prevailed more or less than in 1892? If any difference, less. (*a*) If at all, what is the general character? The general character has been mild, and easily managed.

10. Extent and prevailing type of measles: No measles last year.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Nothing more than a general cleaning up.

13. Has your board of health issued a code of sanitary regulations? Governed by the suggestions of State Board of Health.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Most decidedly.

TOWN OF EMPORIA—C. H. WETMORE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? No, not as much.

2. What is the water supply of your town? From the Neosho river. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? September and November. (*b*) Has it been traced in any instance to a special source? No.

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4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes, generally.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Makes systematical inspection at short intervals during the hot season.

6. Extent and prevailing type of scarlet fever: Moderate extent and mild in form. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes, always, by the regular physicians.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? All necessary precautions.

8. To what extent has diphtheria prevailed, and type? Only an occasional case. (*a*) Proportion of deaths? No deaths. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Good. The few cases that have occurred have been contracted elsewhere.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Intermitting fever.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good.

12. What sanitary improvements have been made during the year? Many sewers have been constructed.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, decidedly.

TOWN OF ENGLEVALE—C. R. TINDER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the same.

2. What is the water supply of your town? All cisterns. (*a*) Is the water supply good? Very good. (*b*) In all months of the year? I think so.

3. Has typhoid fever been unusually prevalent? There have been several cases. (*a*) In what months most prevalent? October and November. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? It acts on complaints received.

6. Extent and prevailing type of scarlet fever: None.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? None.

8. To what extent has diphtheria prevailed, and type? I have had no diphtheria patients in the last three years.

9. Have malarial diseases prevailed more or less than in 1892? No. (*a*) If at all, what is the general character? Very mild; duration of disease from 7 to 14 days

10. Extent and prevailing type of measles: Some measles; German mostly. (*a*) Restrictive precautions: No precautions used to any extent.

11. In general, what is the sanitary condition of town as regards sewage disposal

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and drainage? Our drainage is good. Our town is located on east slope of one range of Ozark mountains.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am. I am a graduate of Marion-Sims College of Medicine, in the year 1891.

TOWN OF ENTERPRISE—C. W. BROOKS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the average.

2. What is the water supply of your town? Direct-pressure system, from well. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? None.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I should certainly insist on it; cannot speak for others.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts only on complaints received.

6. Extent and prevailing type of scarlet fever: There were a few cases, last winter, of a mild type. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Do not recall any deaths from contagious diseases during past year.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? About the same. (*a*) If at all, what is the general character? Remittent fever.

10. Extent and prevailing type of measles: There were a few mild cases. (*a*) Restrictive precautions: Isolation and disinfection.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Not to my knowledge.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I think there is.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF ERIE—J. LEMON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There has been more in the last year.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? It is. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? It has. (*a*) In what months most prevalent? September, October, and November. (*b*) Has it been traced in any instance to a special source? It has not.

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4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? By some.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts only on complaints received.

6. Extent and prevailing type of scarlet fever: Not any this year or last year. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? By some.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Not any.

8. To what extent has diphtheria prevailed, and type? Not any.

9. Have malarial diseases prevailed more or less than in 1892? They have not. (*a*) If at all, what is the general character? Remittent fever.

10. Extent and prevailing type of measles: Not any.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Not any.

13. Has your board of health issued a code of sanitary regulations? It has not.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I think there is some advancement.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am decidedly in favor of legislation.

TOWN OF EUREKA—F. W. WATSON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More, on account of la grippe.

2. What is the water supply of your town? Hydrant and wells. (*a*) Is the water supply good? Only fair; wells mostly dry, and have to use river water.

3. Has typhoid fever been unusually prevalent? Only fairly. (*a*) In what months most prevalent? October and November. (*b*) Has it been traced in any instance to a special source? No, unless a scant supply of water.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I believe so.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints filed.

6. Extent and prevailing type of scarlet fever: None until now. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Very isolated.

8. To what extent has diphtheria prevailed, and type? Two cases; unable to tell. (*a*) Proportion of deaths? Both died. (*b*) Are isolation and disinfection practiced? I think so. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Fair.

9. Have malarial diseases prevailed more or less than in 1892? No.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Have no sewerage, but drainage is good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Not much.

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15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I would be if such a law could be made binding.

TOWN OF EZBON—C. A. RUCKER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More than in previous years.

2. What is the water supply of your town? Cisterns exclusively. (*a*) Is the water supply good? No. (*b*) In all months of the year? All right in winter months.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August and September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It is by myself; cannot answer for other physicians.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints.

6. Extent and prevailing type of scarlet fever: Only sporadic cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Have funerals private as possible.

8. To what extent has diphtheria prevailed, and type? No diphtheria in the past six months.

9. Have malarial diseases prevailed more or less than in 1892? No.

10. Extent and prevailing type of measles: Not epidemic.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF FORT SCOTT—W. D. BLATCHLEY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less; 1893 was a very healthy year.

2. What is the water supply of your town? Waterworks; supply drawn from Marmaton river. (*a*) Is the water supply good? Sometimes very muddy. (*b*) In all months of the year? There is always a sufficient quantity.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? October, November, and December. (*b*) Has it been traced in any instance to a special source? Not that I know of.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I cannot answer definitely.

5. Does your board of health make sanitary inspections systematically, or does act only upon complaints received? Only in the latter case.

6. Extent and prevailing type of scarlet fever: Very few cases; mild, almost thout exception. (*a*) Are isolation and disinfection usually practiced with scar-fever patients? Isolation, yes; disinfection, I am not so sure about in all cases.

7. After death from contagious diseases, what precautions are observed concern- funerals, disinfection, etc.? Such funerals are private. No definite rule as re- rds disinfection.

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8. To what extent has diphtheria prevailed, and type? None at all, that I know of.

9. Have malarial diseases prevailed more or less than in 1892? Less. (a) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: Few cases; none troublesome that I have heard of. (a) Restrictive precautions: Isolation.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Natural drainage good. Sewers in the denser parts of the city.

12. What sanitary improvements have been made during the year? The fifth district sewer has been completed.

13. Has your board of health issued a code of sanitary regulations? Yes, but not enforced.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I think so.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am, most decidedly.

TOWN OF FREDONIA—A. N. PERKINS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less than common.

2. What is the water supply of your town? Pumped from a large well in gravel near bank of Fall river to a reservoir on mound 200 feet high; two filters; thence piped over city. (a) Is the water supply good? Very good. (b) In all months of the year? Except spring floods affect the well.

3. Has typhoid fever been unusually prevalent? No; very few cases in county during year. (a) In what months most prevalent? Did not prevail to any extent during year. (b) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes; by some of them.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts only when some disease or conditio arises to call for action.

6. Extent and prevailing type of scarlet fever: A few mild cases; only two deaths reported. (a) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes, in every case coming to my knowledge.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Disinfection, quick burial, and no public funerals.

8. To what extent has diphtheria prevailed, and type? No diphtheria during the year in the town.

9. Have malarial diseases prevailed more or less than in 1892? Very few cases of malaria. (a) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: A few cases; very mild. (a) Restrictive precautions: None taken, but did not spread.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Sewerage system not extensive; courthouse and a few large buildings have been tiled to drain off water from basements in wet seasons.

12. What sanitary improvements have been made during the year? Very little done in this line during the year.

13. Has your board of health issued a code of sanitary regulations? This was done in 1892, and there has been no occasion to adopt any changes during 1893.

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14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; people are reading more than formerly.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF FRONTENAC—J. M. GIDDINGS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More.

2. What is the water supply of your town? Cisterns. (*a*) Is the water supply good? Usually. (*b*) In all months of the year? No.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? October and November. (*b*) Has it been traced in any instance to a special source? Poor water, cisterns being low on account of drought.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Our town is not incorporated; have no board of health.

6. Extent and prevailing type of scarlet fever: Had none. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? As much as practicable.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Disinfect.

8. To what extent has diphtheria prevailed, and type? Seven cases. (*a*) Proportion of deaths? Two deaths—laryngeal. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Traced to toys in two instances. (*d*) General sanitary condition of houses infected with diphtheria: About the average.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Remittent.

10. Extent and prevailing type of measles: Have more lung complications than usual. (*a*) Restrictive precautions: Avoidance of infected houses.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Have no system but nature's—in lay of the ground.

12. What sanitary improvements have been made during the year? None.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF FULTON—A. J. WOOD, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There has not.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? It is. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? It has. (*a*) In what months most prevalent? August, September, and October. (*b*) Has it been traced in any instance to a special source? It has not.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It has been.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have none.

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7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? None.

8. To what extent has diphtheria prevailed, and type? We have had none.

9. Have malarial diseases prevailed more or less than in 1892? Less.

10. Extent and prevailing type of measles: We have had none.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF GARNETT—JOHN A. HENNING, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More sickness.

2. What is the water supply of your town? Very good. (*a*) Is the water supply good? Yes, very good. (*b*) In all months of the year? Yes, our waterworks draw water from a lake of good water.

3. Has typhoid fever been unusually prevalent? No; only about a dozen cases. (*a*) In what months most prevalent? September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? It did act so in 1893.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? There was none.

8. To what extent has diphtheria prevailed, and type? None. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? None. (*d*) General sanitary condition of houses infected with diphtheria? None.

9. Have malarial diseases prevailed more or less than in 1892? More in 1893. (*a*) If at all, what is the general character? Mild type.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? It was kept clean in 1893.

12. What sanitary improvements have been made during the year? Cleaning up the town.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF GAYLORD—M. F. LEARY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Fully one-third less than the average.

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2. What is the water supply of your town? From wells. (*a*) Is the water supply good? Yes, unusually so for western Kansas. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; we have had less than usual. (*a*) In what months most prevalent? In March and April, and perhaps May. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes, decidedly so.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have no board of health.

6. Extent and prevailing type of scarlet fever: We have had none for several years. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Always.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Disinfection and isolation of the corpse.

8. To what extent has diphtheria prevailed, and type? There has been no diphtheria here for a year or more—not one case. (*b*) Are isolation and disinfection practiced? Always.

9. Have malarial diseases prevailed more or less than in 1892? Much less than usual. (*a*) If at all, what is the general character? Light intermittents; a very few cases of remittents, of light form.

10. Extent and prevailing type of measles: None during the year.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Excellent; the town is situated on a hillside. The drainage is surface, but the fall is sharp. There is not a cesspool in the town.

12. What sanitary improvements have been made during the year? None, except the ordinary police. All offal, etc., is removed at once.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? No.

TOWN OF GIRARD—J. T. ALEXANDER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Hydrants and cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Both.

6. Extent and prevailing type of scarlet fever: Only a few mild cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The best we can use.

8. To what extent has diphtheria prevailed, and type? None. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Did not have

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a case last year. (*d*) General sanitary condition of houses infected with diphtheria: Good, when we had any cases.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: Have none. (*a*) Restrictive precautions: We quarantine every case that looks suspicious.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Had the town cleaned up, and new waterworks built.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am.

TOWN OF GOODLAND—P. GANDY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? From bored wells and city waterworks. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints.

6. Extent and prevailing type of scarlet fever: Few cases among children, of *simplex*. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Only in cases where there are close neighbors.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No deaths from contagious diseases.

8. To what extent has diphtheria prevailed, and type? None in county. (*c*) Can you give any facts relating to its beginning and mode of spreading? None to give.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Complicated with typhoid.

10. Extent and prevailing type of measles: None to my knowledge.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Our city is on a high, dry divide, and drains itself.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF GRAINFIELD—E. A. HEBARD, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Deep wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most

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prevalent? August and September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think so; it has been by myself.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? On complaints received.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No deaths; but in case of death, funerals will be private and everything disinfected.

8. To what extent has diphtheria prevailed, and type? None. (*b*) Are isolation and disinfection practiced? They will be practiced by myself.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Typhoid.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Fairly good.

12. What sanitary improvements have been made during the year? A general cleaning up of streets, etc.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF GREAT BEND—S. J. SHINN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; but few cases. (*a*) In what months most prevalent? September and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Both.

6. Extent and prevailing type of scarlet fever: Few cases, of mild character. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No deaths from contagious diseases reported.

8. To what extent has diphtheria prevailed, and type? But few cases. (*a*) Proportion of deaths? No deaths reported. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Good as could be expected.

9. Have malarial diseases prevailed more or less than in 1892? No.

10. Extent and prevailing type of measles: No measles reported.

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11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Cleaning drains, etc.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF GREELEY—D. O. TAYLOR, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? From wells and cisterns. (*a*) Is the water supply good? Very good. (*b*) In all months of the year? Not so good now on account of drought.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? Autumn. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have no local board of health.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Private funerals and disinfection of house.

8. To what extent has diphtheria prevailed, and type? None this year. (*b*) Are isolation and disinfection practiced? Yes, when we have it.

9. Have malarial diseases prevailed more or less than in 1892? Less.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Surface drainage; have no sewerage system.

12. What sanitary improvements have been made during the year? None, except by cleaning up and burning.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF GREEN—R. J. MORTON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About an average, but less than 1892.

2. What is the water supply of your town? Wells, from 90 to 200 feet deep. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

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5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have none.

6. Extent and prevailing type of scarlet fever: Very mild; quite extensive. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

8. To what extent has diphtheria prevailed, and type? In two families, 12 cases; severe type. (*a*) Proportion of deaths? Twenty per cent. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Sanitary condition about an average.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: None. (*a*) Restrictive precautions: None.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Have none.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF GREENSBURG—J. A. MILLIGAN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? No.

2. What is the water supply of your town? Derived from a well 115 feet deep. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspection systematically, or does it act only upon complaints received? Only upon complaints.

6. Extent and prevailing type of scarlet fever: None.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Isolation as much as possible, and disinfectants.

8. To what extent has diphtheria prevailed, and type? None. (*b*) Are isolation and disinfection practiced? Yes.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Typho-malarial.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None; none necessary.

13. Has your board of health issued a code of sanitary regulations? No; we conform to state regulations.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

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TOWN OF HALSTEAD—E. M. HOOVER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells (driven wells). (*a*) Is the water supply good? First class. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? Two or three cases in October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Makes sanitary inspections systematically.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? According to laws regulating same.

8. To what extent has diphtheria prevailed, and type? There was none.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? A tendency to typhoid.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Cleaning privy vaults, and a general cleaning up.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? It depends on what the word "*reputable*" means. The dominant school of medicine recognizes no college only what they are pleased to call regular. If *all* schools of medicine legally chartered and recognized by the national societies of each school, then I am in favor that each practitioner of medicine be a graduate. But if all must be a graduate of a regular college, then no, no, no!

TOWN OF HARPER—H. C. MARTIN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less than any year since the first settlement.

2. What is the water supply of your town? Waterworks system extending over principal part of city; wells from 12 to 25 feet deep; very few cisterns. (*a*) Is the water supply good? Yes; but that supplied by waterworks is liable at any time, especially in a wet season, to be unfit for use, on account of the surrounding ground, unless some changes are made. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; only some three or four cases during this year. (*a*) In what months most prevalent? During autumn. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? During the spring and summer months sanitary inspections were made systematically and thoroughly; since, only upon complaints. The sanitary condition during 1893 has been excellent.

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6. Extent and prevailing type of scarlet fever: A considerable number of cases occurred during the latter part of winter and early spring; very mild in character, followed by no sequelæ. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes, whenever a physician was called; but, on account of the very mild type of the disease, some cases, undoubtedly, were not recognized.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfections, etc.? Private funerals; thorough disinfection.

8. To what extent has diphtheria prevailed, and type? A few cases; perhaps, some four or five were reported; only one of a severe type. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? One adult contracted the disease either whilst on a visit to Illinois, or else on cars when returning home; thorough isolation, etc., prevented any spread. The other cases were isolated, and, probably, of a doubtful character as regards diagnosis. (*d*) General sanitary condition of houses infected with diphtheria: Ordinary.

9. Have malarial diseases prevailed more or less than in 1892? Far less. (*a*) If at all, what is the general character? Very few cases of intermittent, more of a remittent type, and quite a number having no paroxysmal manifestations, similar to a very mild dengue.

10. Extent and prevailing type of measles: Some cases of a very mild character last winter and spring. (*a*) Restrictive precautions: Isolation, disinfection of clothing and premises.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? In general, good natural drainage, and more than average attention is paid to the removal of filth, etc., out of town by teams.

12. What sanitary improvements have been made during the year? No new ones, but old existing ones have been improved.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF HARTLAND—GEO. C. W. RICHARDS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I should say about the same.

2. What is the water supply of your town? It consists of wells, ditches, and river. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? November. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? I make the investigations when necessary.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? All necessary precautions.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? About the same.

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11. In general, what is the sanitary condititon of town as regards sewage disposal and drainage? Good.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF HAZELTON—J. E. ERWIN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less than any year in five last past.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Fair. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Unusually free from it in the last twelve months. (*a*) In what months most prevalent? Have had none in a year.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints received.

6. Extent and prevailing type of scarlet fever: No scarlet fever in last 12 months. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes, when we have it.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No funeral service, casket not opened, etc.

8. To what extent has diphtheria prevailed, and type? It has not prevailed as an epidemic. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Yes. (*d*) General sanitary condition of houses infected with diphtheria: Have not had epidemic of diphtheria in a year.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Mild form of malarial fever.

10. Extent and prevailing type of measles: Have not had an epidemic in 18 months.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Drainage is all surface.

12. What sanitary improvements have been made during the year? But few, if any.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I think not, or observation does not suggest any.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes; and to discontinue all who are not graduates, as suggested above, who cannot pass a satisfactory examination before a state board. (Enact the laws of Virginia on that point.)

TOWN OF HEPLER—O. F. LEWIS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Fifty per cent. less.

2. (*a*) Is the water supply good? No. (*b*) In all months of the year? No.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most

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prevalent? September. (*b*) Has it been traced in any instance to a special source? Yes; water.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Does not act at all.

6. Extent and prevailing type of scarlet fever: Not any. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Not any.

8. To what extent has diphtheria prevailed, and type? Not any. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Bad.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Chills.

10. Extent and prevailing type of measles: Not any in the last year.

12. What sanitary improvements have been made during the year? Not any.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF HERINGTON—B. A. HENLEN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? No.

2. What is the water supply of your town? From wells and springs. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? September and October. (*b*) Has it been traced in any instance to a special source? Has been brought here from the southern part of the state, Oklahoma, and Indian Territory.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints.

6. Extent and prevailing type of scarlet fever: Small in extent, mild in character. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Thorough disinfection of premises. Funerals are very private.

8. To what extent has diphtheria prevailed, and type? To a small extent. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? It did not spread. (*d*) General sanitary condition of houses infected with diphtheria: Poor.

9. Have malarial diseases prevailed more or less than in 1892? About the same. (*a*) If at all, what is the general character? Of a typhoid form.

10. Extent and prevailing type of measles: Small in extent, confluent in type. (*a*) Restrictive precautions: Isolation and disinfection.

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11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Not very good; soil porous; no drainage for sewage except what the soil takes up.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Most assuredly I am.

TOWN OF HIAWATHA—A. LEIGH, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There has not; influenza prevailed the most of all diseases.

2. What is the water supply of your town? Wells two miles southwest of city; pumped into city. (*a*) Is the water supply good? Very good. (*b*) In all months of the year? No difference in different seasons.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? September—a few cases. (*b*) Has it been traced in any instance to a special source? Supposed to have been contracted out of city.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes, except possibly by irregular practitioners.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? The city authorities have acted in the case; the board of health has not acted at all that I am aware of.

6. Extent and prevailing type of scarlet fever: Only one or two mild cases in 1893; two in 1894, malignant. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes; in one case the premises were quarantined by city authorities.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Such as are prescribed by State Board of Health, or measures equally effective.

8. To what extent has diphtheria prevailed, and type? Three or four cases; very malignant; two deaths. (*a*) Proportion of deaths: One-half to two-thirds of cases; only three cases, I think. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? A little boy supposed to have contracted the disease while selling pop corn about the depot, or to passengers on trains passing. (*d*) General sanitary condition of houses infected with diphtheria: Good in family above referred to.

9. Have malarial diseases prevailed more or less than in 1892? No. (*a*) If at all, what is the general character? Of a remittent type; a few—three to five cases—of an intermittent type.

10. Extent and prevailing type of measles: During the last year there have been no cases.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? The products for sewerage are carted out of city; the drainage is that provided by nature.

12. What sanitary improvements have been made during the year? The streets and alleys were cleaned twice by city authority, and privy vaults or boxes cleaned or removed three or four times.

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13. Has your board of health issued a code of sanitary regulations? Not that I have seen or heard of.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes, I think there is; the physicians have not been idle in the matter.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am, and also that they take a good thorough examination at the hands of the State Board of Health as to their proficiency and capability.

TOWN OF HOLTON—J. A. RAFTER, M. D.

2. What is the water supply of your town? Surface-water wells. (*a*) Is the water supply good? Yes.

3. Has typhoid fever been unusually prevalent? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes, always.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Yes.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Private funerals.

8. To what extent has diphtheria prevailed, and type? Not at all. (*b*) Are isolation and disinfection practiced? Yes.

9. Have malarial diseases prevailed more or less than in 1892? Not to a great extent.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Fair only.

12. What sanitary improvements have been made during the year? A thorough cleaning of all towns.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Not much.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, sir.

TOWN OF HORTON—L. REYNOLDS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Rather less.

2. What is the water supply of your town? Filtered creek water. (*a*) Is the water supply good? Have not used or analyzed it and cannot say. (*b*) In all months of the year? Our system was completed late last year and but few families are using it.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? Probably August or September. (*b*) Has it been traced in any instance to a special source? No; not to my knowledge.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? The latter.

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6. Extent and prevailing type of scarlet fever: Probably 20 or 30 cases, of mild type. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Have not been until recently, and only imperfectly.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Only necessary friends usually allowed, followed by disinfection in cases of diphtheria.

8. To what extent has diphtheria prevailed, and type? A few cases. (*a*) Proportion of deaths? About one-third. (*b*) Are isolation and disinfection practiced? Yes, recently. (*c*) Can you give any facts relating to its beginning and mode of spreading? Brought here by a visitor. (*d*) General sanitary condition of houses infected with diphtheria: Poor.

9. Have malarial diseases prevailed more or less than in 1892? Yes. (*a*) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: Have only known of one case, which was imported. (*a*) Restrictive precautions: Isolation.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Horton has the advantage of good natural drainage, owing to its high position.

12. What sanitary improvements have been made during the year? None, except where complaint was made.

13. Has your board of health issued a code of sanitary regulations? None that I am aware of.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, but prefer an examination law.

TOWN OF HUGOTON—C. L. EBNOTHER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? No.

2. What is the water supply of your town? From wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Not any more than usually. (*a*) In what months most prevalent? August and September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It is.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints.

6. Extent and prevailing type of scarlet fever: Mostly mild form. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? None thus far.

8. To what extent has diphtheria prevailed, and type? Not at all. (*a*) Proportion of deaths? None. (*c*) Can you give any facts relating to its beginning and mode of spreading? No.

9. Have malarial diseases prevailed more or less than in 1892? No. (*a*) If at all, what is the general character? During the last year, 1893, they were severer than in 1890, 1891, and 1892, but not as severe as in 1887, 1888, and 1889.

10. Extent and prevailing type of measles: Have had none since 1887, when it was severe and fatal, especially in dugouts.

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11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? By all means; and I am willing to contribute my share financially.

TOWN OF HUTCHINSON—R. B. WILSON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I consider that we have had less sickness than in previous years.

2. What is the water supply of your town? Hydrant, and pumps driven to the depth of 20 to 40 feet. (*a*) Is the water supply good? Hydrant first class, and pumps only fair for quality, but abundant in quantity at all seasons of the year.

3. Has typhoid fever been unusually prevalent? No, but have had a number of cases. (*a*) In what months most prevalent? July, August, September, October, and a few in November. (*b*) Has it been traced in any instance to a special source? I consider it from drinking surface water, from pumps not put down to a low depth.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes; but I think their instructions are not always carried out.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Yes; but I am of the impression not thorough enough nor often enough.

6. Extent and prevailing type of scarlet fever: Had several cases of scarlet fever; a few of malignant type and a large number of anginous type. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? I think disinfection and isolation have been carried out as far as circumstances permit.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The usual precautions are generally taken.

8. To what extent has diphtheria prevailed, and type? Had a number of malignant cases. (*a*) Proportion of deaths? Cannot give this, but per cent. was low. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Cannot. (*d*) General sanitary condition of houses infected with diphtheria: Not very good in the majority of cases.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Bilious remittent fevers and a few intermittent fevers.

10. Extent and prevailing type of measles: Have had but few cases, of mild type.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Have a good sewer, and the business part of the city, all but in a few instances, is connected; also a certain portion of the residence part is connected.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Would answer most emphatically, I am.

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TOWN OF IOLA—A. J. FULTON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Well and cistern. (a) Is the water supply good? Generally good. (b) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (a) In what months most prevalent? October and November. (b) Has it been traced in any instance to a special source? Yes; use of water from neglected wells and cisterns.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts upon complaints received.

6. Extent and prevailing type of scarlet fever: Five cases in one family; simple form. (a) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes; invariably.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Funerals are private; strict cleanliness and sulphur fumigation are practiced.

8. To what extent has diphtheria prevailed, and type? No diphtheria during the year. (b) Are isolation and disinfection practiced? Yes, when the disease prevails. (c) Can you give any facts relating to its beginning and mode of spreading? No cases in city during the year.

9. Have malarial diseases prevailed more or less than in 1892? Less. (a) If at all, what is the general character? Malarial fever and ague, but they are of rare occurrence.

10. Extent and prevailing type of measles: None during the year.

11. In general, what is sanitary condition of town as regards sewage disposal and drainage? Very good.

12. What sanitary improvements have been made during the year? A great deal of large tiling has been laid, and good drainage established.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I believe there is a very decided advance in this particular.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am, and will assist, in any honorable way, in bringing about such legislation.

TOWN OF JAMESTOWN—D. B. MOORE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells and cisterns. (a) Is the water supply good? No.

3. Has typhoid fever been unusually prevalent? Yes; but not in the town limits. (a) In what months most prevalent? September, October, and November. (b) Has it been traced in any instance to a special source? Yes; to wells which were contaminated by drainage from stock yards and stables.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have no board of health.

6. Extent and prevailing type of scarlet fever: There have only been two or three

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sporadic cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No precaution, except disinfection.

8. To what extent has diphtheria prevailed, and type? A few cases, of mild form. (*a*) Proportion of deaths? One-half of 1 per cent. (*b*) Are isolation and disinfection practiced? Yes, when possible in country practice. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Mostly bad.

9. Have malarial diseases prevailed more or less than in 1892? Less.

10. Extent and prevailing type of measles: An epidemic of perhaps 100 cases, in and about town; ordinary red measles. (*a*) Restrictive precautions: None whatever. No deaths.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? No sewerage, and drainage is all open surface drains.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? We have no such board.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF JENNINGS—EDWARD P. GILPIN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the average.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Have no board of health.

6. Extent and prevailing type of scarlet fever: None.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No contagious diseases, except whooping cough.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? About the average. (*a*) If at all, what is the general character? Mild forms.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes; with a suitable provision for its enforcement.

TOWN OF JEWELL CITY—O. W. HUGHES, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I think there has been more during last three months of 1893.

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2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Yes. (*a*) In what months most prevalent? September, November, and December. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Cannot say, except for myself; I always exact it.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Have no board.

6. Extent and prevailing type of scarlet fever: Very mild, except in a few cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? No; I have always tried to isolate patients as best I can. You can judge for yourself how well it can be done in a county with no police regulations.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? None.

8. To what extent has diphtheria prevailed, and type? Have had none. (*a*) Proportion of deaths: Mortality has been light. (*b*) Are isolation and disinfection practiced? No. (*c*) Can you give any facts relating to its beginning and mode of spreading? Cannot. Have had scarlatina in the country for one year. Have only had four deaths from scarlatina in 85 cases — two from malignant type of, and two from sequelæ.

9. Have malarial diseases prevailed more or less than in 1892? No. (*a*) If at all, what is the general character? Intermittent, typho-malarial, and neuralgic.

10. Extent and prevailing type of measles: Have had no measles.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Have no sewers; fair drainage; sanitary condition fair only.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Not that I know of.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF JOHNSON—JOHN E. WHITECRAFT, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I think not, except influenza or catarrh.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? It is. (*b*) In all months in the year? Yes.

3. Has typhoid fever been unusually prevalent? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Our sanitary condition is perfect; it needs no inspection; no complaints have ever been made.

6. Extent and prevailing type of scarlet fever: None in the last year.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? We have none that I have seen or reported.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? None in the last year.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? No sewerage needed.

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12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I think it is up to the average in the country.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am, and I would favor a full course, of at least three or four years.

TOWN OF JUNCTION CITY—P. DAUGHERTY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the average of previous years.

2. What is the water supply of your town? Wagoner system of wells. (*a*) Is water supply good? Excellent. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; very few cases. (*a*) In what months most prevalent? September and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Only to a very limited extent.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? I think the county health officer has acted only on complaint. The city board of health made thorough inspections.

6. Extent and prevailing type of scarlet fever: Only a few cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Usually take the body to a church and expose everyone who comes.

8. To what extent has diphtheria prevailed, and type? Only a sporadic case here and there. (*a*) Proportion of deaths? I do not know. (*b*) Are isolation and disinfection practiced? Not at all times. (*c*) Can you give any facts relating to its beginning and mode of spreading? No; we have never had an epidemic of diphtheria in this city, and what few cases we have had were very feebly contagious. (*d*) General sanitary condition of houses infected with diphtheria: About the average for the city.

9. Have malarial diseases prevailed more or less than in 1892? Only to a limited extent. (*a*) If at all, what is the general character? Remittent and continued malarial fevers.

10. Extent and prevailing type of measles: But few cases of measles. (*a*) Restrictive precautions: Isolation.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF KENSINGTON—L. A. GOLDEN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? No.

2. What is the water supply of your town? Good wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

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3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? No.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? None.

8. To what extent has diphtheria prevailed, and type? Malignant. (*a*) Proportion of deaths? One-fourth. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Good.

9. Have malarial diseases prevailed more or less than in 1892? No. (*a*) If at all, what is the general character? Simply continued fever.

10. Extent and prevailing type of measles: None. (*a*) Restrictive precautions: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF KINCAID—H. E. WING, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Much less than the average.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; only three cases, two of them imported. (*a*) In what months most prevalent? One in February, one in October, and one in December. (*b*) Has it been traced in any instance to a special source? The source of the one arising in this locality has not been determined.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? My observation is that such practice is not followed.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have no board of health.

6. Extent and prevailing type of scarlet fever: None during 1893. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? During 1892 a few cases occurred; isolation imperfect; disinfection not thorough.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? In this locality the custom of opening the casket has been discontinued. In my own practice, I direct the fumigation of house with sulphur.

8. To what extent has diphtheria prevailed, and type? None during 1893. (*c*) Can you give any facts relating to its beginning and mode of spreading? In all the epidemics we have had here (and they have been few and mild), the disease spread through inefficient isolation. (*d*) General sanitary condition of houses infected with diphtheria: Such as is usually found in the ordinary farm house.

9. Have malarial diseases prevailed more or less than in 1892? Cannot say; not

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much in either year. (*a*) If at all, what is the general character? Intermittent with some remittent; readily amenable to treatment.

10. Extent and prevailing type of measles: None during 1893.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Drainage good. The village is located on ground sloping in every direction.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Have no local board of health.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? As would naturally follow, in a locality heretofore exempt from severe epidemics, public sentiment relegates questions of public hygiene to the rear.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? If a law could be enacted that would be effective, I would heartily favor it. Any action tending to elevate the standard of qualifications required in that class to whom are confided matters pertaining to the health and lives of the people must inure to the benefit of both parties, securing a more efficient service to one and a more honored position, with its accruing benefits, to the other.

TOWN OF KIOWA—A. S. CLOUD, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less than an average of previous years.

2. What is the water supply of your town? Wells and cisterns (mostly wells). (*a*) Is the water supply good? Only fair in quality. (*b*) In all months of the year? Supply good all months of the year. The water here is obtained at a depth of about 40 feet.

3. Has typhoid fever been unusually prevalent? Yes. (*a*) In what months most prevalent? Latter part of September, October, and November. (*b*) Has it been traced in any instance to a special source? Yes; to foul wells, and water used from buffalo wallows, *the latter being especially prolific.*

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes; always.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have no board of health in this city; I am city physician and keep a constant eye on the sanitary condition.

6. Extent and prevailing type of scarlet fever: Limited in extent; rather mild form. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes. Scarlet fever made its advent in our school last February; enforced rigid quarantine by excluding every member of infected family until permitted to return by city physician.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Have no funerals after deaths from contagious diseases.

8. To what extent has diphtheria prevailed, and type? Never has been a case in the city. We have a form of follicular tonsilitis, somewhat resembling diphtheria; have never known a fatal case; have been very much surprised that, while diphtheria was raging in the first and second counties east of us, we have, as above stated, escaped. This immunity, I think, extends over a large portion of this southwestern country. Will further add, that I have never known a case of membranous croup here.

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9. Have malarial diseases prevailed more or less than in 1892? We have no malarial diseases.

10. Extent and prevailing type of measles: No measles the past year.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Poor; nothing but surface drainage.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; wonderful advancement; our people do not consider sickness *providential*, but oftentimes caused by laziness and filth.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes; think it a reflection upon the intelligent citizenship of the state to allow any party not a graduate of a respectable medical college to practice medicine.

TOWN OF LA CROSSE—W. H. FERGUSEN, M. D.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No cases only of a malarial type. (*a*) In what months most prevalent? September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only acts on complaints received.

6. Extent and prevailing type of scarlet fever: A severe type of this fever broke out among the Russians. They employed no physicians, and many died. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The usual precautions are used.

8. To what extent has diphtheria prevailed, and type? No case.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Malarial typhoid.

10. Extent and prevailing type of measles: No cases.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance is public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF LARNED—J. M. CUMMINS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? By the Larned City Water Company, and wells and cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes. The water from the wells is not good at all times; it is affected by the Larned city mineral well.

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3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? September and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? By some it is; by others, I think not.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? It acts generally on complaints. As health officer, I take general supervision, and any nuisances found are abated.

6. Extent and prevailing type of scarlet fever: Quite a good many cases in the entire county, but mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes, as much as possible. In the city we have succeeded in quarantining successfully, but failed in the country.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Large funerals are prohibited as much as possible, and the premises are disinfected.

8. To what extent has diphtheria prevailed, and type? Very little, and very mild. (*a*) Proportion of deaths: I do not recall any deaths during 1893 from diphtheria. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? I cannot this year, but close observation of former epidemics points emphatically to contagion. Some interesting data could be given in that direction. (*d*) General sanitary condition of houses infected with diphtheria: Fairly good, generally.

9. Have malarial diseases prevailed more or less than in 1892? Rather more. (*a*) If at all, what is the general character? Mild, and of the remittent type rather than intermittent, with periodical neuralgias, etc.

10. Extent and prevailing type of measles: Not very extensive, and mild. (*a*) Restrictive precautions: Could not succeed in quarantining.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good in a general way. The large hotel of the city has been in the most unsanitary condition, and we have that now in pretty good condition.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Most emphatically I am.

TOWN OF LAWRENCE—W. Y. LEONARD, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells and hydrants. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? October and November. (*b*) Has it been traced in any instance to a special source? Most of the cases were in the country, and on the high land where good well water was scarce.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Systematically.

6. Extent and prevailing type of scarlet fever: Eight cases, all in two families;

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mild type. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Funerals were private, and houses disinfected.

8. To what extent has diphtheria prevailed, and type? But few cases — six in all. (*a*) Proportion of deaths? There were but two deaths, which were in the country, and in one family. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Cannot. (*d*) General sanitary condition of houses infected with diphtheria: Good.

9. Have malarial diseases prevailed more or less than in 1892? Less.

10. Extent and prevailing type of measles: Two cases. (*a*) Restrictive precautions: Quarantined.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Increased sewerage.

13. Has your board of health issued a code of sanitary regulations? In part.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF LEAVENWORTH—D. R. PHILLIPS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the same.

2. What is the water supply of your town? Wells, cisterns, waterworks from river. (*a*) Is the water supply good? Wells, bad; waterworks, fair; fort above pumping station. (*b*) In all months of the year? During winter, river low, and more danger of contamination from "post."

3. Has typhoid fever been unusually prevalent? No. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It is by some, not by others.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Makes inspections, and, also, acts on complaints.

6. Extent and prevailing type of scarlet fever: Not very prevalent; usually mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Funerals private; disinfection usually pretty thorough.

8. To what extent has diphtheria prevailed, and type? Not very much; mild. (*a*) Proportion of deaths: Small, so far as I can judge. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? It is endemic; that is, there are always a few cases in town. (*d*) General sanitary condition of houses infected with diphtheria: It seems not to be connected with sanitary condition of house; not more prevalent among poor, or in town.

9. Have malarial diseases prevailed more or less than in 1892? About the same. (*a*) If at all, what is the general character? Irregular malaria, neuralgias and irregular fever prevalent, and considerable intermittent.

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10. Extent and prevailing type of measles: Not epidemic; mild. (*a*) Restrictive precautions: Isolation.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good.

12. What sanitary improvements have been made during the year? The adoption more generally of placarding and isolation.

13. Has your board of health issued a code of regulations? The matter has been thoroughly canvassed.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? A very great advance.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Most assuredly.

TOWN OF LEBANON—G. E. F. ANDERSON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the same.

2. What is the water supply of your town? Good. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? Fall of year. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? It acts upon complaints received.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Don't know; have not had any cases of scarlet fever in vicinity.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Have had no cases, and consequently cannot say.

8. To what extent has diphtheria prevailed, and type? Have had no case during past year.

9. Have malarial diseases prevailed more or less than in 1892? No. (*a*) If at all, what is the general character? Had no case, and cannot say.

10. Extent and prevailing type of measles: Several cases, of a mild type; no deaths. (*a*) Restrictive precautions: Isolation, etc.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good drainage; no sewerage.

12. What sanitary improvements have been made during the year? None, as none have been necessary.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF LENORA—M. W. DROWN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Yes.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Good. (*b*) In all months of the year? Yes.

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3. Has typhoid fever been unusually prevalent? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Sanitary inspection.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Chloride of lime.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Remittent fever and neuralgia.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes, very much.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, sir.

TOWN OF LEON—J. S. KLINE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the same as 1892.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Fairly good. (*b*) In all months of the year? More scanty at present than ever before in the history of the town.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? Very few cases of true typhoid at any time. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Have no city board.

6. Extent and prevaling type of scarlet fever: Very few cases in 1893. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Rarely.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? None.

8. To what extent has diphtheria prevailed, and type? None during year.

9. Have malarial diseases prevailed more or less than in 1892? To about the same extent. (*a*) If at all, what is the general character? Think rather milder than in 1892.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Have no sewage.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Think not.

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15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF LE ROY—D. B. ROWE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There has been much less.

2. What is the water supply of your town? Wells, almost altogether. (*a*) Is the water supply good? Excellent. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Yes. (*a*) In what months most prevalent? August, September, and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Not strictly.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints received.

6. Extent and prevailing type of scarlet fever: None here for past year. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No special line is followed.

8. To what extent has diphtheria prevailed, and type? None. (*b*) Are isolation and disinfection practiced? I presume they would be.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Chills and fever; more prevalent along the lowlands of Neosho river.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Our town has no sewerage system, farther than open ditches, which drain the town fairly well.

12. What sanitary improvements have been made during the year? None, further than the cleaning of barnyards, etc.

13. Has your board of health issued a code of sanitary regulations? Not in last two years.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes, especially since the cholera scare.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF LINCOLN—L. M. CLARK, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Yes; we have had more influenza, malaria, and general diseases.

2. What is the water supply of your town? Varies in different localities. (*a*) Is the water supply good? Fairly good. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. I have seen no genuine enteric fever. We had during the fall and winter typhoid states or types, associated with remittent fever and influenza.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think not, generally.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts only on complaints.

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6. Extent and prevailing type of scarlet fever: Have had scarlet fever off and on during the year; have it at present time. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes; and usually a sign is placed on the house.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Some funerals are private, and the people are cautioned.

8. To what extent has diphtheria prevailed, and type? Have had diphtheritic type of scarlatina. (*a*) Proportion of deaths: Governed by surroundings — 1 in 20 cases. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Scarlet fever and influenza (la grippe) seem to have been the etiological factors in its production. (*d*) General sanitary condition of houses infected with diphtheria: Very poor; in low, damp places, and damp houses.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Many assume a typhoid character, and the fever poison (malaria) seemed to be more intense, and some are protracted cases.

10. Extent and prevailing type of measles: Cases off and on all the year; have measles at present time. (*a*) Restrictive precautions: Families are cautioned against spreading the disease.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? It is bad, on account of a feeding lot (hogpen) at the creamery, which pollutes the town with its odor. Otherwise, sewerage and drainage are fair.

12. What sanitary improvements have been made during the year? The town has been cleaned up and privies removed. On complaint, during the hot weather, the hogs were removed.

13. Has your board of health issued a code of sanitary regulations? The mayor issued orders, carried out through the city marshal, to have the town cleaned up.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; provided the hogs are kept out of the creamery hogpen.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF LINDSBORG—G. E. BERQUIST, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Somewhat less.

2. What is the water supply of your town? From wells; mostly drive wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No case inside city limits during 1893.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think so, generally. I always use disinfection of excreta.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? The health officer of McPherson county visited this point in April, 1893. The city council has a sanitary committee that makes occasional inspections; upon complaint, mostly.

6. Extent and prevailing type of scarlet fever: One case only came to my knowledge. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? In scarlatina and diphtheria, coffins hermetically sealed; children forbidden to attend funerals.

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8. To what extent has diphtheria prevailed, and type? Not a case in city limits in 1893; five cases in 1892. (*a*) Proportion of deaths? One case died in 1892, by extension to larynx croup. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Only that my first case of 1892 occurred in an old farm house, located on Main street, close to a livery stable. I had four severe cases of diphtheria in this house in 1884, with one death. (*d*) General sanitary condition of houses infected with diphtheria: Fair to good.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Remittent.

10. Extent and prevailing type of measles: Not a case for four years.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Fairly good. With the exception of street-crossing sewerage in front of the business block, there is nothing but surface drainage.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No, except one or two newspaper articles by the county health officer, bearing on contagious diseases.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes, there is marked improvement, especially on ventilation.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am.

TOWN OF LUCAS—H. H. RUSSELL, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less than in the year 1892.

2. What is the water supply of your town? Obtained mostly from wells. (*a*) Is the water supply good? Yes, better than the average. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Yes, more so than in 1892. (*a*) In what months most prevalent? October, November, and December. (*b*) Has it been traced in any instance to a special source? It has not.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes, in all cases under my charge.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints received.

6. Extent and prevailing type of scarlet fever: No cases within my practice. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? They are, in all cases in my practice.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? I have insisted upon no public funerals and rigid disinfection of all clothing after death.

8. To what extent has diphtheria prevailed, and type? A few mild cases. (*a*) Proportion of deaths: No deaths. (*b*) Are isolation and disinfection practiced? They are. (*c*) Can you give any facts relating to its beginning and mode of spreading? I cannot, as they were of a mild type. (*d*) General sanitary condition of houses infected with diphtheria: Was not as it should be, but one of the first things to be done was to call the attention of the occupants to the sanitary condition.

9. Have malarial diseases prevailed more or less than in 1892? More than in the year 1892. (*a*) If at all, what is the general character? It assumed more or less of a typhoid type.

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10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? No sewerage; all drainage is surface, but very good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? There is quite an advance in public sentiment on public hygiene.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am. I am also in favor of a law requiring all persons practicing obstetrics passing an examination before a board of physicians. I find in many cases in my practice midwives are accustomed to the administration of medicines while wholly ignorant of their effect or quantity to be given. This is a very common thing. The different preparations of ergot are given quite often by midwives who know little or nothing of its action or dose necessary, if required at all. Should we not have a remedy for this evil in the profession and danger to the patients?

TOWN OF LUDELL—J. L. CONSTABLE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There has been more.

2. What is the water supply of your town? Scarce, being obtained from wells. (*a*) Is the water supply good? Ordinarily it is, but this year we have had a drought of unusual length, and the wells have only about one-third of the water commonly supplied.

3. Has typhoid fever been unusually prevalent? No; but a fever that resembles it has. Some of our doctors have called it typhoid and some mountain fever, but it is neither, but a kind of a combination of the two.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints received.

6. Extent and prevailing type of scarlet fever: There have been but a few cases of scarlet fever. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The funerals have been private.

8. To what extent has diphtheria prevailed, and type? We have had 18 malignant cases in the county. (*a*) Proportion of deaths? One and four-fifths. (*b*) Are isolation and disinfection practiced? Yes; generally. (*c*) Can you give any facts relating to its beginning and mode of spreading? Can give no facts relating to its beginning. It was spread by people visiting the sick, although they were warned of the danger. (*d*) General sanitary condition of houses infected with diphtheria? Not generally well ventilated.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Febrile diseases.

10. Extent and prevailing type of measles: None.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

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TOWN OF LYONS—[illegible] Ross, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? From wells. (a) Is the water supply good? Yes. (b) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (a) In what months most prevalent? Fall. (b) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We make regular inspections of sanitary condition of Lyons.

6. Extent and prevailing type of scarlet fever: Ordinary form; no surgical or obstetrical fever cases in two years are all I know of. (a) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Houses thoroughly disinfected; also clothes and everything coming from patients. Funerals private.

8. To what extent has diphtheria prevailed, and type? There are one or more cases in city during winter; mild, as a rule. (a) Proportion of deaths? Not over 2 per cent. (b) Are isolation and disinfection practiced? Yes. (c) Can you give any facts relating to its beginning and mode of spreading? No; it is always with us but not an epidemic; isolated cases. (d) General sanitary condition of houses infected with diphtheria: Good, as a rule.

9. Have malarial diseases prevailed more or less than in 1892? Less. (a) If so at all, what is the general character? Mild in character. The malaria we have here is in people that have had it before coming here. Very few, if any, cases originate here.

10. Extent and prevailing type of measles: Mild type; very few cases. (a) Restrictive precautions: None; a desire to have children have them seems prevalent.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very fair.

12. What sanitary improvements have been made during the year? None; but all sewers and drains are kept open, giving good drainage.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF MANHATTAN—S. D. Ross, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the same.

2. What is the water supply of your town? Wells, and Blue river, through waterworks. (a) Is the water supply good? Yes. (b) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (a) In what months most prevalent? A few cases reported in October and November. (b) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? So far as I know, it is.

5. 5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Upon complaints received.

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6. Extent and prevailing type of scarlet fever: Only a few cases during the year. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Rooms, bedding, clothing, etc., disinfected, funeral private, and body not exposed.

8. To what extent has diphtheria prevailed, and type? Only a few sporadic cases. (*a*) Proportion of deaths? Do not know of any from this cause. (*b*) Are isolation and disinfection practiced? Yes.

9. Have malarial diseases prevailed more or less than in 1892? Somewhat more. (*a*) If at all, what is the general character? Remittent and typho-malarial.

10. Extent and prevailing type of measles: Very few cases, and of mild type. (*a*) Restrictive precautions: Isolation of patients, with careful disinfection of rooms, clothing, etc.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Drainage is good.

12. What sanitary improvements have been made during the year? Drainage somewhat improved.

13. Has your board of health issued a code of sanitary regulations? None except by city ordinance, and in connection with the same.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, and a proper register of the fact in the county where practitioner resides.

TOWN OF MANKATO—WALTER CRUS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More.

2. What is the water supply of your town? From wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? A little scant this fall.

3. Has typhoid fever been unusually prevalent? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints received.

6. Extent and prevailing type of scarlet fever: About 150 cases; mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Physicians do their whole duty in this county. Disinfection and isolation are practiced in about every case.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Funerals were not public, except in one case.

8. To what extent has diphtheria prevailed, and type? But few cases. (*a*) Proportion of deaths? Cannot say. (*b*) Are isolation and disinfection practiced? They are. (*c*) Can you give any facts relating to its beginning and mode of spreading? Diphtheria has been in but three or four families this year. Spreading was prevented by isolating every case. (*d*) General sanitary condition of houses infected with diphtheria: The houses have been disinfected in every case.

9. Have malarial diseases prevailed more or less than in 1892? About the same.

10. Extent and prevailing type of measles: Quite extensive at this time, and very mild. (*a*) Restrictive precautions: Reasonable precautions are used to prevent the spread of the disease.

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11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? The sanitary condition in regard to drainage and other sanitary conditions is good.

12. What sanitary improvements have been made during the year? A general cleaning up of slaughterhouses, hogpens, and stables.

13. Has your board of health issued a code of sanitary regulations? It has not.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? There is.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am.

TOWN OF MARION—G. S. BARROWS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? City waterworks and wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; a few sporadic cases. (*a*) In what months most prevalent? August and September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think not, generally, unless malignant cases.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints, which is very seldom.

6. Extent and prevailing type of scarlet fever: Has been general, but very mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? No; not necessary.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Not any in particular.

8. To what extent has diphtheria prevailed, and type? Have had none. (*b*) Are isolation and disinfection practiced? No occasion for any. (*c*) Can you give any facts relating to its beginning and mode of spreading? None; for none exists.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? None in particular.

10. Extent and prevailing type of measles: Have had none.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Natural sewerage good.

12. What sanitary improvements have been made during the year? None in particular.

13. Has your board of health issued a code of sanitary regulations? No, for there is none at this place.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes; and for the suppression of compounded medicines, without their ingredients are specified.

TOWN OF MARYSVILLE—A. G. EDWARDS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I think not.

2. What is the water supply of your town? Waterworks and wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

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3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? In November, sporadic cases occurred. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Not universally.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Has acted mostly upon complaints.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? When it existed, yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Very little precaution has generally been observed.

8. To what extent has diphtheria prevailed, and type? Only sporadic. (*b*) Are isolation and disinfection practiced? When recognized. (*c*) Can you give any facts relating to its beginning and mode of spreading? Begins universally in poorly-ventilated rooms, want of cleanliness, and poor food. Spreads from contagion. (*d*) General sanitary condition of houses infected with diphtheria: Generally in bad condition, unless where it has been brought by infection.

9. Have malarial diseases prevailed more or less than in 1892? Yes. (*a*) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Not good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Not to my knowledge.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am. However, the county health officer of this county for the last two years was not.

TOWN OF McCUNE—M. F. KYGER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More.

2. What is the water supply of your town? From wells and cisterns. (*a*) Is the water supply good? Only fair. (*b*) In all months of the year? During fall, generally very scarce.

3. Has typhoid fever been unusually prevalent? Yes. (*a*) In what months most prevalent? September, October, and November. (*b*) Has it been traced in any instance to a special source? No; only from scarcity of water. Dryer than usual.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Generally, I think.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Principally from complaints.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Premises are generally disinfected.

8. To what extent has diphtheria prevailed, and type? None. (*b*) Are isolation and disinfection practiced? Would be.

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9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Remittent fever and occasional chills.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Poor.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF McLOUTH—E. C. RANKIN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There has been less sickness than for several years past.

2. What is the water supply of your town? Mostly well water; a few cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? With few exceptions, yes.

3. Has typhoid fever been unusually prevalent? Yes, but not to the extent of an epidemic. (*a*) In what months most prevalent? October and November. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have no active board of health. What is done in that line, I do, personally, and, in one or two instances, on complaint.

6. Extent and prevailing type of scarlet fever: None in this vicinity. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes, when we have any.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? I have endeavored to prevent public funerals in such cases.

8. To what extent has diphtheria prevailed, and type? Have only had one case the past year. (*a*) Proportion of deaths? No death. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Cannot give anything definite. The one case occurred in a family where it was least to be expected, and prompt isolation kept it from spreading. (*d*) General sanitary condition of houses infected with diphtheria: This one good.

9. Have malarial diseases prevailed more or less than in 1892? About the same, or less. (*a*) If at all, what is the general character? Mostly remittent.

10. Extent and prevailing type of measles: Limited, so far; mild. (*a*) Restrictive precautions: Isolation, where possible, though this is more difficult to enforce in regard to measles than other contagious diseases, as some parents want their children exposed.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Surface drainage is used exclusively.

12. What sanitary improvements have been made during the year? A general cleaning up and more thorough surface drainage.

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13. Has your board of health issued a code of sanitary regulations? As before stated, we have no active board of health, though I have urged it.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? There is.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am.

TOWN OF McPHERSON—J. E. ROUZE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Rather more, I think, especially the last quarter of the year.

2. What is the water supply of your town? From a well 200 feet deep, pumped into a standpipe 110 feet, and distributed by iron mains. (*a*) Is the water supply good? Excellent. (*b*) In all months of the year? All the year around.

3. Has typhoid fever been unusually prevalent? But very few cases have occurred; four cases reported. (*a*) In what months most prevalent? February, June, July, November, and December—one case each reported. (*b*) Has it been traced in any instance to a special source? I think not.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think so. As county health officer, I have taken special pains to insist on careful disinfection in all cases of contagious and infectious diseases, including typhoid fever.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? I, as health officer, (acting on the suggestion of the State Board of Health,) made a complete round of inspection in all the cities, towns and villages of this county in the month of May, but our board refused compensation for said services, since which we have been compelled to confine our efforts to the answering of complaints.

6. Extent and prevailing type of scarlet fever: There has been a very moderate amount of scarlet fever at intervals throughout the year, but usually in mild form, but two deaths having occurred from said cause. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? I think so; perhaps not in the most efficient manner, however, in many of the cases, as is indicated by a frequent reappearing of the disease; but we are constantly instructing on the subject, and are rewarded by ever-increasing vigilance, both on the part of the physicians and the people.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Funerals are conducted in a comparatively private manner, and disinfectants are used profusely.

8. To what extent has diphtheria prevailed, and type? There have been but four cases reported, and a dispute arose among neighboring physicians whether or not they were diphtheria. It was severe (or malignant). (*a*) Proportion of deaths? Four deaths are reported to have occurred from diphtheria—100 per cent. (*b*) Are isolation and disinfection practiced? I think so, as far as practical. (*c*) Can you give any facts relating to its beginning and mode of spreading? It was confined, I think, to two or three families in or near the city of Canton. I believe the first symptoms in each case were said to have made their appearance in the schoolroom at Canton. (*d*) General sanitary condition of houses infected with diphtheria: I have inferred from the data at hand that the general sanitary condition of houses infected with diphtheria was very bad, and, perhaps in most cases, the affected ones were poorly nourished. The houses were said to be poverty stricken, in most cases

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9. Have malarial diseases prevailed more or less than in 1892? I am not able to give the comparison accurately. There has been but very little malarial disturbance in either year. (a) If at all, what is the general character? What little we have is usually of the remittent type, but sometimes intermittent, and occasionally a case of the typho-malarial type; and our rheumatism and neuralgia are often enhanced by the presence of malaria in the system.

10. Extent and prevailing type of measles: But three cases of measles have been reported. (a) Restrictive precautions: Similar to other contagions, but not quite so stringent, perhaps, in many cases.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? The ground on which our city is built is strictly undulating, and attention is given to keeping the gutters along the streets well open. We have no other means of drainage.

12. What sanitary improvements have been made during the year? No special improvement, except in the way of general and thorough cleaning up.

13. Has your board of health issued a code of sanitary regulations? We adhere to the statutes on the subject of sanitary regulations, so far as pertains to the county at large, and to the ordinances of the various cities, so far as pertains to the cities strictly.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I note a very marked and gratifying change along all the lines of public health and hygiene since I first became acquainted with these conditions, as health officer, five years ago last May, and the good work is marching on to perfection.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I most certainly am. A law patterned after the Iowa and Illinois practice acts, under which I have the honor and enjoy the very great pleasure of holding a certificate.

TOWN OF MEADE—C. BUTTON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells. (a) Is the water supply good? Yes. (b) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (a) In what months most prevalent? October and November. (b) Has it been traced in any instance to a special source? No; it has been introduced by people coming home with it from other places. However, none came from Pratt the past season.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections? It acts only upon complaints received.

6. Extent and prevailing type of scarlet fever: A few cases, usually very mild. (a) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Few attending; some are disinfected. They seldom occur out here.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? Less. (a) If at all, what is the general character? Intermittent.

10. Extent and prevailing type of measles: None.

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11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Little, if any.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF MEDICINE LODGE—S. KOCHELL, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the average prevalence.

2. What is the water supply of your town? Waterworks and wells. (*a*) Is the water supply good? Passably so, up till the 1st of January, 1894. (*b*) In all months of the year? We have water supplied from an artificial lake. Water is good during the winter months especially, and during the hot, dry months of 1893 we had recourse to the numerous wells for drinking and culinary purposes.

3. Has typhoid fever been unusually prevalent? No; only typho-malarial.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Did not hear of any complaint.

6. Extent and prevailing type of scarlet fever: Several cases reported in February, 1894. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

9. Have malarial diseases prevailed more or less than in 1892? Almost every year the same typho-malaria. (*a*) If at all, what is the general character? Remittent, intermittent, and some cases of masked have occurred.

10. Extent and prevailing type of measles: Quite a good many cases. (*a*) Restrictive precautions: Only in some severe cases; in majority, of mild type, physicians were not summoned.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Some wells were cleaned out.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF MILTONVALE—JAMES HALL, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the average of former years.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes, very good. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Typho-malarial is all we have here. (*a*) In what months most prevalent? In fall months. (*b*) Has it been traced in any instance to a special source? Malarial.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? As far as I know, it is.

5. Does your board of health make sanitary inspections systematically, or does

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it act only upon complaints received? It acts only upon complaints received; in fact, our sanitary condition is quite good, and therefore the board is not necessary.

6. Extent and prevailing type of scarlet fever: *Scarlatina simplex;* some cases assume a graver type occasionally. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? As far as my knowledge goes, they are.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The usual precautions observed in funerals, disinfection, etc.

8. To what extent has diphtheria prevailed, and type? We have no diphtheria; only a mild diphtheritic tendency. (*a*) Proportion of deaths? No deaths. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? None. (*d*) General sanitary condition of houses infected with diphtheria: There is always precautionary sanitation and isolation in houses where there is a tendency to the disease.

9. Have malarial diseases prevailed more or less than in 1892? About the same. (*a*) If at all, what is the general character? Intermittent and remittent typho-malarial.

10. Extent and prevailing type of measles: The prevailing form is mild, with occasionally bad tendencies. (*a*) Restrictive precautions: We always use precaution to keep the disease restricted.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Drainage is very good; sewerage is kept in good condition.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? I have not received any; do n't think they have issued any.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; to a great extent.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, sir.

TOWN OF MINNEAPOLIS—J. F. BREWER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? No.

2. What is the water supply of your town? Waterworks. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August and September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts on complaints as a board. County health officer makes systematic inspection.

6. Extent and prevailing type of scarlet fever: Only a few cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Isolation is.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? There have been none, except one of scarlet fever and one of diphtheria.

8. To what extent has diphtheria prevailed, and type? Very little; one case contracted in Chicago. (*b*) Are isolation and disinfection practiced? Both isolation and disinfection. (*c*) Can you give any facts relating to its beginning and

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mode of spreading? No spread. (*d*) General sanitary condition of houses infected with diphtheria: Good.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: Very little. (*a*) Restrictive precautions: Isolation.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? A few places where water became stagnant have been filled up and drained.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; the physicians who, two years ago, would do nothing, are interested.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF MONMOUTH—LEWIS T. DOAN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Leaving out la grippe, I think there has been less.

2. What is the water supply of your town? Wells, springs, and cisterns. (*a*) Is the water supply good? Excellent, where proper care is taken. (*b*) In all months of the year? Yes, excepting in very dry seasons like we have had this fall and winter.

3. Has typhoid fever been unusually prevalent? Typho-malarial; have had only two cases of genuine typhoid. (*a*) In what months most prevalent? September and October. (*b*) Has it been traced in any instance to a special source? In all instances from water, I think. It has been so very dry, water has been low in wells, and many have been dry — something unusual for this section of country.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes, as far as I know.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? The town of Monmouth is not incorporated; I constitute the board of health, being the only residing physician.

6. Extent and prevailing type of scarlet fever: One case; *simplex*. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes, as far as possible.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Body is disinfected. People are apprised in regard to immunity, communicativeness and contagiousness of the disease.

8. To what extent has diphtheria prevailed, and type? Six severe cases; several of milder type. (*a*) Proportion of deaths? All recovered. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? The first I heard from it were some cases in the fall and early winter, 11 miles east. It seems to have been gradually coming west since then. (*d*) General sanitary condition of houses infected with diphtheria: Always look after sanitary conditions, of houses internal and external; disinfect after recovery or death.

9. Have malarial diseases prevailed more or less than in 1892? More, I think. (*a*) If at all, what is the general character? Typho-malarial and intermittent fever.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good.

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12. What sanitary improvements have been made during the year? None; only streets have been worked by township.

13. Has your board of health issued a code of sanitary regulations? I received advice from State Board of Health in regard to looking after sanitary conditions of town and surrounding country.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? None, I think.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF MORGANVILLE—J. R. SCOTT, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells (drove). (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? October and November. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Have none.

6. Extent and prevailing type of scarlet fever: Very mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Foreign population largely, and a country district, and it is impossible to have orders carried out.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? None.

8. To what extent has diphtheria prevailed, and type? Four cases in two years. (*a*) Proportion of deaths? Two deaths. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Very poor.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Chronic.

10. Extent and prevailing type of measles: None in two years.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Only fair. The land is flat and town small, or serious results would follow the great lack of drainage.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Have no board of health.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Cannot say.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF MOUND CITY—J. W. SMOOT, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? As far as I can ascertain, there has not.

2. What is the water supply of your town? Wells, springs, and creek. (*a*) Is

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the water supply good? Yes. (*b*) In all months of the year? Wells give out, but have everlasting spring.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? During autumn, and some in winter. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I insist upon it, but I believe it is generally practiced.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? It is hard to get them (the county commissioners) to pay any attention to it, but is generally on complaints.

6. Extent and prevailing type of scarlet fever: Mild; very few cases; only at one place (Blue Mound) several cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? They generally quarantine. I insist upon my colleagues doing it, but have not learned what they do.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? In contagious diseases, no public funeral; casket generally sealed tight.

8. To what extent has diphtheria prevailed, and type? Not to any extent, I believe. (*d*) General sanitary condition of houses infected with diphtheria: Cannot answer, for have not heard of cases during last year.

9. Have malarial diseases prevailed more or less than in 1892? No. (*a*) If at all, what is the general character? Generally mild; not many deaths.

10. Extent and prevailing type of measles: Not many cases, and very mild. (*a*) Restrictive precautions: Isolation is practiced to some extent.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? The old way, by privies and vaults, and some have no vaults; have no sewer at all.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I certainly am, and will give it all the support possible.

TOWN OF MUSCOTAH—S. M. RIGGS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More la grippe and pneumonia.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Yes. (*a*) In what months most prevalent? September and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints. We have no board of health in city.

6. Extent and prevailing type of scarlet fever: Have had none the past year. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Disinfection, but not isolation.

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7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Thorough.

8. To what extent has diphtheria prevailed, and type? Sporadic cases; mild. (*a*) Proportion of deaths? One in 10. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Yes; Walnut creek empties into the Delaware three-fourths of a mile northwest of town and heads northwest, and on the stream are fed each year thousands of cattle and hogs. A heavy rain at the head of the creek raises Walnut, but not the Delaware sufficient to carry off the excreta, and Muscotah and vicinity get the results which naturally follow. Walnut creek passes through the Kickapoo reservation, and diphtheria usually breaks out among the Indians and by them spread. (*d*) General sanitary condition of houses infected with diphtheria: Can see no difference in good or bad; diphtheria was about the same in each case.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Mild intermittent.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? That which nature gave it, which is excellent.

12. What sanitary improvements have been made during the year? Town generally cleaned up and chloride of lime used freely.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, or stand rigid examination before a competent board of all schools.

TOWN OF NEOSHO FALLS—JOSEPH CLEMENTS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Somewhat less.

2. What is the water supply of your town? Mostly wells; a few cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? A few cases during September and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? By myself, yes. I think so by other physicians.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints, I believe.

6. Extent and prevailing type of scarlet fever: No cases.

8. To what extent has diphtheria prevailed, and type? No cases.

9. Have malarial diseases prevailed more or less than in 1892? Less, I think.

Extent and prevailing type of measles: No cases that I know of.

n general, what is the sanitary condition of town as regards sewage disposal
nage? Good.

What sanitary improvements have been made during the year? Some drain-

Has your board of health issued a code of sanitary regulations? No.

Is there, in your opinion, any advance in public sentiment on questions of
giene? Scarcely.

you in favor of the legislature enacting a law requiring every person to

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be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF NESS CITY—J. N. VENARD, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Good for the kind. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? It has not. (*a*) In what months most prevalent? October and November. (*b*) Has it been traced in any instance to a special source? To the use of water in certain wells in the country.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? As city health officer and county health officer, have used every precaution to protect the people.

6. Extent and prevailing type of scarlet fever: Early in last year a few cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Funerals private; disinfection used.

8. To what extent has diphtheria prevailed, and type? Confined to a few; malignant. (*a*) Proportion of deaths? About one-fourth. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Not good.

9. Have malarial diseases prevailed more or less than in 1892? Less.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? None.

12. What sanitary improvements have been made during the year? None, except keeping streets and alleys clean, and wells and tanks cleaned out often.

13. Has your board of health issued a code of sanitary regulations? None.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Most emphatically.

TOWN OF NETAWAKA—L. P. PADDOCK, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the same.

2. What is the water supply of your town? Good supply from wells. (*a*) Is th water supply good? Very good. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; quite rare. (*a*) In what months most prevalent? Fall. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It is.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts only on complaints.

6. Extent and prevailing type of scarlet fever: A few cases of anginous variety.

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(a) Are isolation and disinfection usually practiced with scarlet-fever patients? Not generally, for want of facilities.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Houses and clothing well disinfected afterward.

8. To what extent has diphtheria prevailed, and type? Not any the last year.

9. Have malarial diseases prevailed more or less than in 1892? No more than formerly.

10. Extent and prevailing type of measles: Very few cases have prevailed, but of ordinary type.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Our town is dry, and needs no artificial drainage.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF NEW SALEM—DANIEL SMITH, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? The sickness for 1893 will about average with the previous years.

2. What is the water supply of your town? New Salem is watered by drilled wells. (a) Is the water supply good? Yes. (b) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? We have not had any typhoid fever that originated here.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have no board of health inspections here; have never been any complaints made.

6. Extent and prevailing type of scarlet fever: There has not been any in the past year.

8. To what extent has diphtheria prevailed, and type? We haven't had any cases of diphtheria for several years.

9. Have malarial diseases prevailed more or less than in 1892? Yes. (a) If at all, what is the general character? Some have been of the malignant type, but the majority of cases have been mild.

10. Extent and prevailing type of measles: Measles have prevailed quite extensively. (a) Restrictive precautions: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? The town is nicely drained, by natural slope of the hill. The slope lies mostly to the south.

12. What sanitary improvements have been made during the year? None.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF NEWTON—GEO. D. BENNETT, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? City works, from Sand creek. (a) Is the water supply good? Fair. (b) In all months of the year? Cut short during month of August some years.

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3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts upon complaints through health officer.

6. Extent and prevailing type of scarlet fever: Not any. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Generally private.

8. To what extent has diphtheria prevailed, and type? Not any. (*b*) Are isolation and disinfection practiced? Yes. (*d*) General sanitary condition of houses infected with diphtheria: Complied with, as a rule.

9. Have malarial diseases prevailed more or less than in 1892? Yes. (*a*) If at all, what is the general character? Slight or mild.

10. Extent and prevailing type of measles: Not any.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? One general sewer empties into Sand creek at Broadway.

12. What sanitary improvements have been made during the year? General cleaning of streets and alleys, privy vaults, and slaughterhouses.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Most certainly.

TOWN OF NIOTAZE—J. O. BOTTS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? In my opinion, there has been less.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Comparatively so. (*b*) In all months of the year? Yes, except it gets low during fall—more especially this fall.

3. Has typhoid fever been unusually prevalent? More than average in country adjacent to town. (*a*) In what months most prevalent? November and December. (*b*) Has it been traced in any instance to a special source? No, though it is my opinion that it was due to water being low in wells and filth in same.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Partially so.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? No board of health.

6. Extent and prevailing type of scarlet fever: None.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? I think less. (*a*) If at all, what is the general character? Intermittent.

10. Extent and prevailing type of measles: There has not been any in this vicinity during last year, to my knowledge.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? No sewers; surface drainage. Sanitary surroundings above average.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

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14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Slight.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am, most assuredly. Kansas is only a dumping ground for other states and territories.

TOWN OF NORTONVILLE—D. Y. GRAHAM, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? October and November. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaint.

6. Extent and prevailing type of scarlet fever: Perhaps 25 cases in 1893. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? There has only been one death; no funeral services, and proper disinfection.

8. To what extent has diphtheria prevailed, and type? Only one case; malignant. (*a*) Proportion of deaths? This case died. (*b*) Are isolation and disinfection practiced? Yes, very strictly. (*c*) Can you give any facts relating to its beginning and mode of spreading? None. (*d*) General sanitary condition of houses infected with diphtheria: Fair sanitary condition.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Mild, and no deaths.

10. Extent and prevailing type of measles: About five or six cases of German measles. (*a*) Restrictive precautions: All quarantined.

11. In general, what is sanitary condition of town as regards sewage disposal and drainage? Location of town is such that it is afforded natural drainage. Sewage disposal poorly attended to.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I surely am.

TOWN OF OAKLEY—C. W. WINSLOW, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Excluding grippe and its sequelæ, there has been considerable less.

2. What is the water supply of your town? From wells 100 to 120 feet deep. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? We have no typhoid fever, but

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a malarial typhoid prevailed in the late fall and early winter months. It was far less prevalent this fall than usual.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? The excreta of those mentioned I have properly cared for.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints.

6. Extent and prevailing type of scarlet fever: Moderate, and very mild type. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? We have no funeral; usually fumigate and bury without.

8. To what extent has diphtheria prevailed, and type? Have had more this year. (*a*) Proportion of deaths? Death rate reasonably low here, under proper treatment. (*b*) Are isolation and disinfection practiced? Yes. (*d*) General sanitary condition of houses infected with diphtheria: Fumigate the house, and burn bedding and clothing of patients so infected.

9. Have malarial diseases prevailed more or less than in 1892? No, except as above.

10. Extent and prevailing type of measles: Measles cases are few and mild. (*a*) Restrictive precautions: As in any other contagious disease, except as to destroying bedding, clothing, etc.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? None, except to the general cleaning up of streets and alleys two or three times a year; drainage good.

13. Has your board of health issued a code of sanitary regulations? Yes, I suppose so, though I have not seen them.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Certainly, as there is a great deal of loose practice in these parts.

Remarks: The la grippe prevails here, as in other parts of the state, with the usual sequelæ. It is especially severe on the aged.

TOWN OF OLATHE — C. G. McKINLEY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? The death reports would show more, but doctors report much more, generally.

2. What is the water supply of your town? Waterworks, wells, and cisterns. (*a*) Is the water supply good? It is considered very good. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; there have been but few cases. (*a*) In what months most prevalent? In the fall of the year, if uncomplicated. (*b*) Has it been traced in any instance to a special source? The cause I believe to be local, and close inspection will reveal a local cause.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? No; the board, as such, never; the health officer only when notified by some physician in the places where there is need.

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6. Extent and prevailing type of scarlet fever: Only a few cases; none malignant. (a) Are isolation and disinfection usually practiced with scarlet-fever patients? Invariably.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No public funerals allowed; disinfection and fumigation ordered.

8. To what extent has diphtheria prevailed, and type? One malignant case: caught from clothing of a visitor from another state. (a) Proportion of deaths? One death. (b) Are isolation and disinfection practiced? Yes; in the strictest manner. (c) Can you give any facts relating to its beginning and mode of spreading? From personal observation in different years, in central Ohio, I believe it to be decidedly epidemic, and nearly as contagious as smallpox. (d) General sanitary condition of houses infected with diphtheria: Sanitation, disinfection and isolation are strictly ordered and enforced.

9. Have malarial diseases prevailed more or less than in 1892? So far as I know, not so much. (a) If at all, what is the general character? The attacks have usually been light.

10. Extent and prevailing type of measles: In two villages; mild in form. (a) Restrictive precautions: In the mild form, not much restriction, believing that in youth is by far the safest and best, or easiest, time to have them.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? We have but little sewerage, but the natural drainage of our city (Olathe) is very good.

12. What sanitary improvements have been made during the year? Not much of a general character; some local improvements.

13. Has your board of health issued a code of sanitary regulations? Not in the form of a code.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? The people are being more interested as they become better informed.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am; the people ought to be protected against charlatanry, whose stock in trade is blowing instead of medical knowledge.

TOWN OF OSAGE CITY—A. KLINGBERG, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less this year.

2. What is the water supply of your town? Wells and rainwater. (a) Is the water supply good? Yes. (b) In all months of the year? Yes; drilled wells, about 75 feet, are always good.

3. Has typhoid fever been unusually prevalent? None, except typhoid malarial. (a) In what months most prevalent? None. (b) Has it been traced in any instance to a special source? Malaria that has been neglected.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? It is always smelling around, to the discomfort and annoyance of the people (in some instances).

6. Extent and prevailing type of scarlet fever: None. (a) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

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7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The funerals are always private, and houses disinfected.

8. To what extent has diphtheria prevailed, and type? Rather extensively this year. (*a*) Proportion of deaths? Cannot state the per cent., but it is small. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: It has invaded all kinds of houses and localities, in the town and country.

9. Have malarial diseases prevailed more or less than in 1892? About the same average as other years. (*a*) If at all, what is the general character? Chronic malarial poison, that seems to be habitual with the patient (jaundice), with low fever.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good surface drainage.

12. What sanitary improvements have been made during the year? General cleaning up of streets, alleys, etc.

13. Has your board of health issued a code of sanitary regulations? Not to my knowledge.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, but it must be one something like the New York law or the Illinois law.

TOWN OF OSBORNE—M. F. HUDSON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Rather less.

2. What is the water supply of your town? Well and tank. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Yes. (*a*) In what months most prevalent? Summer and early autumn. (*b*) Has it been traced in any instance to a special source? Local filth, as a rule, at home of sick.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints received.

6. Extent and prevailing type of scarlet fever: *Simplex;* limited. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? No.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Little or none.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? No.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Fair.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to

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be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF OSWEGO—P. W. BARBE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less of all diseases, except typhoid fever.

2. What is the water supply of your town? Taken from the Neosho river. (*a*) Is the water supply good? First-class filtered water. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? It has. (*a*) In what months most prevalent? September, October, and first of November. (*b*) Has it been traced in any instance to a special source? It has not.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It is, by all of our physicians.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints received, or as the board of health deem best.

6. Extent and prevailing type of scarlet fever: Few sporadic cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? All precautions that are necessary.

8. To what extent has diphtheria prevailed, and type? No cases. (*b*) Are isolation and disinfection practiced? Yes. (*d*) General sanitary condition of houses infected with diphtheria: Always good.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Intermittent and remittent.

10. Extent and prevailing type of measles: A few sporadic cases. (*a*) Restrictive precautions: Good.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? First class.

12. What sanitary improvements have been made during the year? The general sanitary conditions have all been improved.

13. Has your board of health issued a code of sanitary regulations? We are governed by the state code of sanitary regulations.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I certainly am; the law should be enacted at once

TOWN OF OTTAWA—R. S. BLACK, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? An average of one-third less than any year in 10 years.

2. What is the water supply of your town? Waterworks supplied by wells, and home wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes, except in great floods, when the wells of the waterworks are flooded.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? November and December. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians your vicinity? I do not think so in general; perhaps in one-half the cases.

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5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Do not act at all or inspect.

6. Extent and prevailing type of scarlet fever: Not the average number of cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? In about two-thirds of the cases.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? None.

8. (*d*) General sanitary condition of houses infected with diphtheria: I think all in the past three or four years have been disinfected.

9. Have malarial diseases prevailed more or less than in 1892? Less; one-third less. (*a*) If at all, what is the general character? Remittent, intermittent, and typhoid, with malarial complications.

10. Extent and prevailing type of measles: Not great, and quite mild. (*a*) Restrictive precautions: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? About one mile of sewerage.

13. Has your board of health issued a code of sanitary regulations? Not this year; three or four times in 1892.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, by all means.

TOWN OF PEABODY—O. F. FURST, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I think there has been less than the average.

2. What is the water supply of your town? From wells. (*a*) Is the water supply good? Yes. (*b*) In all months in the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August and September, in the country. (*b*) Has it been traced in any instance to a special source? To low water in the wells, on account of the drought.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It is.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaint.

6. Extent and prevailing type of scarlet fever: Very few cases, of a mild type. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Disinfection in all cases and isolation in few.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No public funerals, and disinfection according to State Board of Health.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? About the same. (*a*) If at all, what is the general character? Malarial fever and sore throat.

10. Extent and prevailing type of measles: Very mild. (*a*) Restrictive precautions: Isolation, quarantine, and disinfection.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None.

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13. Has your board of health issued a code of sanitary regulations? Not that I know of.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? There is.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Emphatically yes.

TOWN OF PHILLIPSBURG—H. D. BROTHERS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less in this locality.

2. What is the water supply of your town? City waterworks. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? A very few cases of light form during September and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It is by part of the physicians.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Has only acted on complaint, except during summer months.

6. Extent and prevailing type of scarlet fever: Not so extensive as last year—a few cases of malignant and atoxic forms. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No public funerals, to my knowledge; fumigation practiced to some extent.

8. To what extent has diphtheria prevailed, and type? No cases in this township. (*d*) General sanitary condition of houses infected with diphtheria: I have observed in scarlet-fever and diphtheria cases in this locality that the cases have been more severe where they occurred in sod or stone houses.

9. Have malarial diseases prevailed more or less than in 1892? None to speak of either year.

10. Extent and prevailing type of measles: None.

13. Has your board of health issued a code of sanitary regulations? The city authorities have.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? There is.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am most emphatically.

TOWN OF PITTSBURG—C. A. FISHER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than [illegible] average in previous years? I believe that I can safely say less.

2. What is the water supply of your town? Artesian and rainwater; very few [illegible]ls. (*a*) Is the water supply good? Very best, and plenty of it. (*b*) In all [illegible]nths of the year? Yes; *i. e.*, the artesian.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most [illegible]lent? None in particular. (*b*) Has it been traced in any instance to a special [illegible] No.

[illegible]s disinfection of excreta of typhoid patients insisted upon by the physicians [illegible] vicinity? Yes.

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5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We employ a sanitary officer, whose duty it is to keep a constant lookout for any and all unsanitary surroundings.

6. Extent and prevailing type of scarlet fever: Only a few cases reported. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Invariably yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The houses are fumigated, and the nature of the disease announced to the public, burial taking place immediately.

8. To what extent has diphtheria prevailed, and type? Very few cases reported; some mild, some malignant. (*a*) Proportion of deaths? At least 50 per cent. prove fatal. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Has never assumed an epidemic character; no known causes assignable. (*d*) General sanitary condition of houses infected with diphtheria: Usually among the better classes of people and best houses.

9. Have malarial diseases prevailed more or less than in 1892? No; hardly so much. (*a*) If at all, what is the general character? Intermittent.

10. Extent and prevailing type of measles: Only isolated cases; no epidemic. (*a*) Restrictive precautions: All houses are placarded, and cases are isolated.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good; we have a splendid sewerage system.

12. What sanitary improvements have been made during the year? A general cleaning up once a year is enforced.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Some; not to any great extent.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Most emphatically yes.

TOWN OF PLAINVILLE—V. M. GRAY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I am sure there has not been any more than an average.

2. What is the water supply of your town? We have an abundance of water within 30 to 35 feet of surface. (*a*) Is the water supply good? First class for all purposes. (*b*) In all months of the year? Never changes with the seasons. It is sheet water, in coarse gravel.

3. Has typhoid fever been unusually prevalent? No; there have been very few cases. (*a*) In what months most prevalent? During the fall months. (*b*) Has it been traced in any instance to a special source? Generally to bad care of cellars, and lack of cleanliness generally; old piles of decaying vegetables, etc.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think it is.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? They do make inspections personally, and, I suppose, altogether in harmony with the general system.

6. Extent and prevailing type of scarlet fever: The extent of scarlet fever has been quite limited. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? They are. The utmost care is taken to prevent its spreading, by keeping the patient isolated; fumigation and disinfections are used.

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7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? As a rule, I believe that few attend funerals of the class mentioned above.

8. To what extent has diphtheria prevailed, and type? Not to any great extent; in a malignant form only once. (*a*) Proportion of deaths? Can't say; it was large, the time referred to above. (*b*) Are isolation and disinfection practiced? To some extent they are. (*c*) Can you give any facts relating to its beginning and mode of spreading? At the time spoken of above, most of the people lived in sod houses, and fared hard; and yet the few in better circumstances were not exempt from its ravages. (*d*) General sanitary condition of houses infected with diphtheria: Perhaps the sanitary conditions are not as well regulated in the new portions of the West as they should be or are in the older parts of our state.

9. Have malarial diseases prevailed more or less than in 1892? I think perhaps less. (*a*) If at all, what is the general character? That of chills and fever, or of a bilious nature. Some doctors have everything malaria; others only meet it occasionally in their practice.

10. Extent and prevailing type of measles: Measles have been limited; not very prevalent. (*a*) Restrictive precautions: There is the impression among people, I believe, that measles are not dangerous, and that their children had better have them while small and at home; so there is little precaution used.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? I believe quite good, as our Western towns are generally, on rolling ground and easily drained, and our city authorities are strict in the removal of garbage.

12. What sanitary improvements have been made during the year? In general, cleaning up of streets and alleys, grading, ditching, etc.

13. Has your board of health issued a code of sanitary regulations? Think not, during the last year, except upon special occasions they have issued some special order.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? There evidently is; as people become better circumstanced, the more attention is paid to the laws of health.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF PRATT—W. H. EVERSON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? No more than average of past years.

2. What is the water supply of your town? From hydrants and second strata; good. (*a*) Is the water supply good? Yes; first-class. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; but of more malignant type. (*a*) In what months most prevalent? July, August, and September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes; I have used all care in that respect.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? The whole responsibility was and is intrusted to the health officer.

6. Extent and prevailing type of scarlet fever: Four families during the year. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

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7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? No public funerals allowed, and thoroughly disinfected.

8. To what extent has diphtheria prevailed, and type? None reported during the year. (*a*) Proportion of deaths? But one death from scoratra, and none from diphtheria. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Have had none.

9. Have malarial diseases prevailed more or less than in 1892? Relatively about the same.

10. Extent and prevailing type of measles: In February, May, and June, measles prevailed, but of a mild type; no deaths. (*a*) Restrictive precautions: All physicians used due caution in preventing contagion.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Streets and alleys have been kept clean, and vaults disinfected.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, most assuredly; we are now overrun with men who are undergraduates, or have attended no school at all, and, if possible, let us have some protection for men who are reputable and choose to be honest in the profession.

TOWN OF RANDALL—L. A. FAIRCHILD, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less; we have had an exceptionally healthy year.

2. What is the water supply of your town? Found abundantly at 20 to 25 feet from surface. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August. (*b*) Has it been traced in any instance to a special source? But few cases and no attempt to trace.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I do.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? I believe there has been no sanitary inspection.

6. Extent and prevailing type of scarlet fever: For the last few months the most prevalent type of disease; majority the simple form, though many cases of *Scarlatina anginous*, with several deaths. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? By a portion of the physicians.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? By majority of physicians, as rigid as should be.

8. To what extent has diphtheria prevailed, and type? Very few cases, of a mild type. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practice? I think this is seriously neglected in all contagious diseases.

9. Have malarial diseases prevailed more or less than in 1892? Less.

10. Extent and prevailing type of measles: But few cases, of mild type.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

13. Has your board of health issued a code of sanitary regulations? We have municipal regulations which are strict, and they are rigidly enforced.

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14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Most emphatically.

TOWN OF READING—J. F. MORRISON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? A little more. La grippe was almost universal.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? No; very dry for two months until January 19, 1894. Many used water from the railroad tank, which is pumped from the Marais des Cygnes river.

3. Has typhoid fever been unusually prevalent? No; but three or four cases—three in one family. (*a*) In what months most prevalent? October and November. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It is.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? City had no board of health until last week; was created then on account of scarlet fever, and to quarantine, control and prevent spread.

6. Extent and prevailing type of scarlet fever: One death; another case now doubtful; four other cases, confined to two families; severe *Angina*. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? So far as possible; will be rigidly enforced in future.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Funerals private; fumigation of premises.

8. To what extent has diphtheria prevailed, and type? None for this city; prevalent in Osage county to east of Reading. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Would be. (*c*) Can you give any facts relating to its beginning and mode of spreading? The above-mentioned cases of scarlet fever were imported from the northwestern part of county, near Admire City.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Resembling slow fever of typhoid character.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good drainage; city is built on edge of slope towards river on north and creek on south.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Just issued.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF REAMSVILLE,—J. A. MCCAMMON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More la grippe and pneumonia.

2. What is the water supply of your town? Well water. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

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3. Has typhoid fever been unusually prevalent? Yes. (*a*) In what months most prevalent? July, August, and September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints received.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Regular rules of practice.

8. To what extent has diphtheria prevailed, and type? Not as much as common. (*a*) Proportion of deaths: None. (*b*) Are isolation and disinfection practiced? Not isolation. (*d*) General sanitary condition of houses infected with diphtheria: Poor; no ventilation, overcrowded, etc.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: None. (*a*) Restrictive precautions Isolation, quarantine, and disinfection, with my own patients.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Poor. Cattle yards on main street, which creates a stink, and will be very bad soon.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Don't know.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

TOWN OF RICHFIELD—E. C. MILLER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Both.

6. Extent and prevailing type of scarlet fever: Mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Have had none.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? Can't say, as there were no cases in 1892, and only one in 1893, and it not reported in full.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? All citizens are becoming more interested in general.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

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15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF RILEY—B. F. MORGAN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Yes.

2. What is the water supply of your town? Good. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? None.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? I look after everything regularly.

6. Extent and prevailing type of scarlet fever: None.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Intermittent.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condititon of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Good drainage on streets, etc.

13. Has your board of health issued a code of sanitary regulations? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF ROCK—H. F. HORNADAY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Yes. (*a*) In what months most prevalent? August, September, and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? We have no board of health.

6. Extent and prevailing type of scarlet fever: A few mild cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes; cannot always have this done.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Use of disinfectants; funerals as private as possible.

8. To what extent has diphtheria prevailed, and type? None. (*b*) Are isolation and disinfection practiced? When we have any. (*c*) Can you give any facts relating to its beginning and mode of spreading? No.

9. Have malarial diseases prevailed more or less than in 1892? Yes. (*a*) If at all, what is the general character? Chills, followed by remitting and intermitting fevers.

10. Extent and prevailing type of measles: A limited number of cases; mild.

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(a) Restrictive precautions: None; it would take all the forces under command of General Artz to control a man with measles.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? None.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No board.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I think to some extent.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF ROGERS—E. JONES, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I do not think there has been as much.

2. What is the water supply of your town? Springs, brooks, wells, and cisterns. (a) Is the water supply good? The water supply is good. (b) In all months of the year? In all months of the year.

3. Has typhoid fever been unusually prevalent? It has not. (a) In what months most prevalent? I cannot, at present, answer. (b) Has it been traced in any instance to a special source? It has not.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Recently it is.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? I think only as complaints are received, but I think more attention is given to these matters than formerly.

6. Extent and prevailing type of scarlet fever: A very mild type. (a) Are isolation and disinfection usually practiced with scarlet-fever patients? Some efforts are commonly made to isolate the patients, but not much attention is given to disinfection.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? But little attention is given to disinfection.

8. To what extent has diphtheria prevailed, and type? Mild type. (a) Proportion of deaths: Few deaths. (b) Are isolation and disinfection practiced? They are not. (c) Can you give any facts relating to its beginning and mode of spreading? I cannot. There has been no general or extensive epidemic of diphtheria in this country for several years. (d) General sanitary condition of houses infected with diphtheria: There has never been much attention observed, in this country, to the sanitary condition of houses infected with diphtheria.

9. Have malarial diseases prevailed more or less than in 1892? Very little malaria in this country. A case of ague would be a curiosity to the majority of our young physicians in this country.

10. Extent and prevailing type of measles: I do not know of any at present. (a) Restrictive precautions: Not much observed.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good, so far as I know.

12. What sanitary improvements have been made during the year? I do not know of any.

13. Has your board of health issued a code of sanitary regulations? I think they have.

14. Is there, in your opinion, any advance in public sentiment on questions of

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public hygiene? I think our physicians are making some efforts, but do not know the public sentiment.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am not, for some very poor boys have made the best physicians we have ever had in this country, and if that had been the law they never could have reached it. If money has to make doctors, I am afraid of them.

TOWN OF RUSH CENTRE—F. W. LONGACRE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There has been but very little sickness.

2. What is the water supply of your town? Plentiful. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; have n't had any cases at all.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? When we have any.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints, when we have any.

6. Extent and prevailing type of scarlet fever: Have had none. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? When we have any.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? I have never known any deaths from contagion in this vicinity.

8. To what extent has diphtheria prevailed, and type? Have had none.

9. Have malarial diseases prevailed more or less than in 1892? This is not a malarial country.

10. Extent and prevailing type of measles: The regular or *Rubeola vulgaris* type. (*a*) Restrictive precautions: The character of this type do not require very strict precaution here.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Have no sewers, but drainage is good; have not enough rain to warrant anything of the kind; have no stagnant pools.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance is public sentiment on questions of public hygiene? Not much.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am.

TOWN OF RUSSELL—I. W. ROBB, M. D.

1. Including all sickness, has there been more or less during the year 1893 than [illegible] average in previous years? There has been more la grippe than the average in [illegible]vious years.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water [illegible]ply good? Yes. (*b*) In all months of the year? Supply has been less on account of lack of rain.

3. Has typhoid fever been unusually prevalent? No. I do n't think we have ty[illegible] fever in this county. Have remittent fever, which sometimes assumes a ty[illegible] form. (*b*) Has it been traced in any instance to a special source? Not that [illegible]hear of.

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4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? When it is supposed to exist, yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts on complaints received, principally, but makes sanitary inspections also.

6. Extent and prevailing type of scarlet fever: Very limited and mild. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Fumigation and private funerals.

8. To what extent has diphtheria prevailed, and type? Not at all, so far as I can ascertain. (*b*) Are isolation and disinfection practiced? Yes, when disease has prevailed. (*c*) Can you give any facts relating to its beginning and mode of spreading? No.

9. Have malarial diseases prevailed more or less than in 1892? Less, I think. We rarely have what I term malarial diseases. (*a*) If at all, what is the general character? Mild cases of remittent fever.

10. Extent and prevailing type of measles: Very limited and mild. (*a*) Restrictive precautions: Isolation.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good.

12. What sanitary improvements have been made during the year? In privy boxes, which are emptied as required.

13. Has your board of health issued a code of sanitary regulations? Not printed, but verbally to proper officers, who have communicated same to the people.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am, most decidedly.

TOWN OF SABETHA—HENRY J. DEAVER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less during the year 1893.

2. What is the water supply of your town? Dug wells. (*a*) Is the water supply good? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? Not one case during the year.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes, indeed.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Board acts only on complaints received.

6. Extent and prevailing type of scarlet fever: Had no cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? None.

8. To what extent has diphtheria prevailed, and type? Have had no cases.

9. Have malarial diseases prevailed more or less than in 1892? No. (*a*) If at all, what is the general character? Intermittent fever.

10. Extent and prevailing type of measles: Common form.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very good, for town of its size.

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12. What sanitary improvements have been made during the year? Cleaning of streets and alleys and stone gutters on main street, and streets all over the city were worked.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF SALINA—J. W. JENNEY, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Much less.

2. What is the water supply of your town? Holly system. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August and September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think so; generally.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Upon complaints, as our sanitary board is composed of members of the city council, and when inspection is made they are dazed with their importance.

6. Extent and prevailing type of scarlet fever: All the time during the year. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? There is and has been but an attempt, as the cases first appeared in many parts of the county at one time—simultaneously.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? There is a full compliance with the law.

8. To what extent has diphtheria prevailed, and type? A few cases. (*a*) Proportion of deaths: This I cannot estimate. (*b*) Are isolation and disinfection practiced? Yes, in true cases. (*c*) Can you give any facts relating to its beginning and mode of spreading? No; as they were in eastern portion of the county, and the physician called them measles, to lessen excitement among the people, but reported two deaths as diphtheria. (*d*) General sanitary condition of houses infected with diphtheria: All cases, so far as any report which has been received from physicians, have been disinfected.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Bilious character, and far less in number than for five years past.

10. Extent and prevailing type of measles: True type of *Rubeola*. (*a*) Restric- precautions: Our city and county were generally exposed in attending Ring- Bros.' show; I should say 50 cases came down in two or three days.

11. In general, what is the sanitary condition of town as regards sewage disposal drainage? Garbage is hauled outside of city limits; better attempts than the ar previous.

12. What sanitary improvements have been made during the year? The people are demanding better, and hence, with suggestion, there is little objection.

13. Has your board of health issued a code of sanitary regulations? No; as be- city had its sanitary board, and any attempt other than from them ave been respected.

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14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF SCRANTON—JAS. E. CALVERT, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There has been less sickness in 1893 than 1892.

2. What is the water supply of your town? Wells of surface water and cisterns. (*a*) Is the water supply good? No.

3. Has typhoid fever been unusually prevalent? Yes. (*a*) In what months most prevalent? November. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints received.

6. Extent and prevailing type of scarlet fever: None in 1893. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The corpse is buried quietly and the house and clothing disinfected.

8. To what extent has diphtheria prevailed, and type? None in 1893. (*b*) Are isolation and disinfection practiced? Yes, when there is any diphtheria. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Good as any other houses.

9. Have malarial diseases prevailed more or less than in 1892? About the same. (*a*) If at all, what is the general character? High temperature and constipation; last from 7 to 21 days.

10. Extent and prevailing type of measles: There have been but a few cases in 1893. (*a*) Restrictive precautions: None that I know of.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? No sewerage and no drainage.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF SEDAN—C. M. MCHUGH, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less than the average.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? First rate. (*b*) In all months of the year? It is.

3. Has typhoid fever been unusually prevalent? Only occasionally; had but little this year. (*a*) In what months most prevalent? From September to January. (*b*) Has it been traced in any instance to a special source? To foul cisterns.

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4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? It is.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints received, and then very timidly.

6. Extent and prevailing type of scarlet fever: No scarlet fever. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? They are.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? I do n't know, as we have had none.

8. To what extent has diphtheria prevailed, and type? There have been but few isolated cases. (*a*) Proportion of deaths? Do n't know. (*b*) Are isolation and disinfection practiced? They should be. (*c*) Can you give any facts relating to its beginning and mode of spreading? I cannot. (*d*) General sanitary condition of houses infected with diphtheria: Have none.

9. Have malarial diseases prevailed more or less than in 1892? It is the prevailing disease here. (*a*) If at all, what is the general character? Periodical fever without chills.

10. Extent and prevailing type of measles: No measles.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? It is first class; the town has natural drainage.

12. What sanitary improvements have been made during the year? None that I know of.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I think the public is becoming more intelligent all the time.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Most assuredly; and think they should attend college not less than three years.

TOWN OF SENECA—G. H. ANDERSON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Not at all.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Not as a rule.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaint.

6. Extent and prevailing type of scarlet fever: None in the city. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes, if disease is prevalent.

7. After death from contagious diseases, what precautions are observed concern-
disinfection, etc.? General disinfection, the only precaution.

8. t extent has diphtheria prevailed, and type? Not at all. (*b*) Are iso-
nfection practiced? Yes, when prevalent.

9. alarial diseases prevailed more or less than in 1892? Not at all.

10. and prevailing type of measles: None in the city; a few isolated
country. (*a*) Restrictive precautions: About the same as any other
eeping the patient at home until entirely well, and then disin-

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11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Draining of ponds, and disinfecting and deodorizing cesspools and privy vaults.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes; as well as a law prohibiting patent-medicine fakirs, Indian(?) medicine troupes, and all such rot, from doing business in the state.

TOWN OF SHARON SPRINGS—N. W. HAYES, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There have been more cases of la grippe; less sickness in all.

2. What is the water supply of your town? Public waterworks, carried through iron pipes. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August and September. In 1888 it was very prevalent. (*b*) Has it been traced in any instance to a special source? Traced to stagnant water; water long standing in barrels.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Upon complaints received.

6. Extent and prevailing type of scarlet fever: Limited, and in mildest form. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Only allowing those necessary present, not opening coffin, and using disinfectants.

8. To what extent has diphtheria prevailed, and type? No diphtheria the past year. (*a*) Proportion of deaths: None. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No.

9. Have malarial diseases prevailed more or less than in 1892? No malaria, or very little at any time in this county.

10. Extent and prevailing type of measles: Have not heard of a case in the county.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None needed.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, I am, indeed.

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TOWN OF SHARON SPRINGS—J. T. NEWTON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? I think there has been less.

2. What is the water supply of your town? From wells and waterworks — wind power. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? None reported.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Usually on complaints received.

6. Extent and prevailing type of scarlet fever: None.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? None; no deaths from contagious diseases.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? We have no malaria here.

10. Extent and prevailing type of measles: None reported.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Drainage is good; no sewers; sanitary condition good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Some.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF SMITH CENTRE—B. W. SLAGLE, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More.

2. What is the water supply of your town? Standpipe, pumped from creek. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts upon complaints.

6. (*a*) Are isolation and disinfection usually practiced with scarlet fever patients? Yes, when we have them.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Have had none.

8. To what extent has diphtheria prevailed, and type? Had none.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Intermittent fever.

10. Extent and prevailing type of measles: Had none.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? None, except thorough cleaning.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

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TOWN OF SOLOMON CITY—L. E. LAYTON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Yes; principally due to la grippe or influenza, which was endemic.

2. What is the water supply of your town? Driven wells, with iron-tube pumps, and cisterns. (*a*) Is the water supply good? Fairly good; some wells have too much saline matter, *i. e.*, chloride of sodium. (*b*) In all months of the year? Plenty of water at all times.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? October and November. (*b*) Has it been traced in any instance to a special source? No; it is, however, generally complicated with and attributed to malaria.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Not that I am aware of, except possibly disinfecting the utensils by iron sulphate.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? No sanitary inspection.

6. Extent and prevailing type of scarlet fever: There have been a few cases; mild form. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Isolation only; the few cases I had were among families rather crowded in tenements, where the sanitary condition could not be the best.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? There have been but very few deaths; the usual precautions were used.

8. To what extent has diphtheria prevailed, and type? Only a few cases; mild form mostly. (*a*) Proportion of deaths? About one in 10. (*b*) Are isolation and disinfection practiced? Yes, in the severer forms. (*c*) Can you give any facts relating to its beginning and mode of spreading? No facts relative to the cause; spread only by contagion. (*d*) General sanitary condition of houses infected with diphtheria: Good; the cases so far coming to my knowledge were in the rural districts, in well-to-do families; most cases were mild, and might be termed *follicular sore throat*.

9. Have malarial diseases prevailed more or less than in 1892? No. (*a*) If at all, what is the general character? What cases have existed has generally been in the form designated by physicians as malarial fever, a long-continued slow fever, sometimes complicated with typhoid symptoms.

10. Extent and prevailing type of measles: There were a few cases; mild form. (*a*) Restrictive precautions: Somewhat isolated, and families having measles were not allowed to attend school, etc.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? This town being less than 1,000 inhabitants, there is no general sewerage, yet there is a fair provision made for drainage.

12. What sanitary improvements have been made during the year? Some better drainage, and request to clean premises by town board.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I believe not.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes; I am in favor of a speedy passage of such a law, and let it be a stringent one, thus protecting the people from traveling quacks

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and from men practicing medicine who do not even know the secondary action of opiates or the dangerous action of the coal-tar preparations.

TOWN OF STAFFORD—J. P. H. DYKES, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August and September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Systematically.

6. Extent and prevailing type of scarlet fever: Have had none.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Have had no deaths.

8. To what extent has diphtheria prevailed, and type? None. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Yes, when we have it.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Mild.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Removed hogpens, drained ponds, etc.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF TOPEKA—L. H. MUNN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the same.

2. What is the water supply of your town? Wells and a system of waterworks. (*a*) Is the water supply good? Very good; Kaw river. (*b*) In all months of the year? After long dry season not so good.

3. Has typhoid fever been unusually prevalent? No; very little typhoid. (*a*) In what months most prevalent? Usually late summer and fall months. (*b*) Has it been traced in any instance to a special source? No; mostly imported.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Acts usually on complaints; formal inspections twice yearly.

6. Extent and prevailing type of scarlet fever: Very prevalent; mild type. (*a*) [illegible]on and disinfection usually practiced with scarlet-fever patients? Yes; possible to get coöperation of families.

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7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? The usual methods of disinfection; early funerals, private.

8. To what extent has diphtheria prevailed, and type? During last three months of 1893 very prevalent. (*a*) Proportion of deaths? About 40 per cent. (*b*) Are isolation and disinfection practiced? Yes. (*d*) General sanitary condition of houses infected with diphtheria: Often very good.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? More remittent or continued types.

10. Extent and prevailing type of measles: Has not been prevalent in past year, and ordinarily mild. (*a*) Restrictive precautions: Isolation by quarantine; families very careless.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? Some additional sewers.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF UDALL—J. R. GARDINER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Very much less.

2. What is the water supply of your town? Private wells and a system of waterworks. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? September and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints.

6. Extent and prevaling type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

8. To what extent has diphtheria prevailed, and type? None.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? In the form of remittent fevers.

10. Extent and prevailing type of measles: German measles. (*a*) Restrictive precautions: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? We have none but the natural drainage, which is good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes; and think it one of the most important subjects that could be laid before the legislature.

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TOWN OF WAKEFIELD—CHARLES HEWITT, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? There has been less sickness here than the average of five or six previous years.

2. What is the water supply of your town? The water supply is obtained entirely from wells. (*a*) Is the water supply good? Very good. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? None in the town during 1893.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints received.

6. Extent and prevailing type of scarlet fever: *Scarlatina simplex.*

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Very inefficient.

8. To what extent has diphtheria prevailed, and type? Only three or four cases of catarrhal; mild. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Cannot be enforced. (*c*) Can you give any facts relating to its beginning and mode of spreading? I cannot. It began in a house which has been visited two or three times during the past 10 years, and was communicated by contagion to another family. (*d*) General sanitary condition of houses infected with diphtheria: Not very good.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Remittent.

10. Extent and prevailing type of measles: No measles during 1893.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Drainage fair, for a small town. Sewage disposal and other sanitary conditions, as regards privies, etc., not first class by any means.

12. What sanitary improvements have been made during the year? None that I know of.

13. Has your board of health issued a code of sanitary regulations? No. Our board of health is located at the county seat, and we hear nothing from them except upon complaint.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? I think not.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Most emphatically yes.

TOWN OF WALNUT—H. E. REKSTRAW, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Cisterns and wells. (*a*) Is the water supply good? Yes, sir. (*b*) In all months of the year? Excepting during a long dry spell.

3. Has typhoid fever been unusually prevalent? No, sir. (*a*) In what months prevalent? The fall months. (*b*) Has it been traced in any instance to a source? In most every instance.

isinfection of excreta of typhoid patients insisted upon by the physicians inity? Yes, sir.

your board of health make sanitary inspections systematically, or does upon complaints received? I do n't know; have never visited Walnut.

ent and prevailing type of scarlet fever: Simple and anginous forms. (*a*) isinfection usually practiced with scarlet-fever patients? Yes, sir.

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7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? All necessary precautions are observed.

8. To what extent has diphtheria prevailed, and type? None at all.

9. Have malarial diseases prevailed more or less than in 1892? About the same. (*a*) If at all, what is the general character? Chills and fever.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Drainage good.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Not that I know of.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes, sir.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes, sir.

TOWN OF WASHINGTON—J. H. GREEN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Wells and cisterns. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No; very few cases. (*a*) In what months most prevalent? September. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Yes; the city board makes very thorough inspections.

6. Extent and prevailing type of scarlet fever: *Scarlatina simplex* last spring. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes, where isolation is possible.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Those prescribed by the State Board of Health.

8. To what extent has diphtheria prevailed, and type? None. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Yes; isolation, when possible. (*c*) Can you give any facts relating to its beginning and mode of spreading? No; have had none in this city.

9. Have malarial diseases prevailed more or less than in 1892? Malaria is practically unknown here.

10. Extent and prevailing type of measles: Very mild; none since last spring. (*a*) Restrictive precautions: Little or none, because people think measles one of the necessary diseases and proper that their children have them.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? No sewers in this town.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Rules of State Board of Health.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to

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be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? No.

TOWN OF WAVERLY—W. H. MATHIS, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Somewhat less than in the last four years.

2. What is the water supply of your town? Cisterns and wells, dug and drilled. (a) Is the water supply good? Cisterns, yes; wells, no, at times. (b) In all months of the year? No; the soil is porous and shallow, and wells are affected by surface drainage.

3. Has typhoid fever been unusually prevalent? Some, every year. (a) In what months most prevalent? July, August, September, October, November, and December. (b) Has it been traced in any instance to a special source? Usually to wells.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? By some.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints received.

6. Extent and prevailing type of scarlet fever: I know of a few cases in a village near, and two mild cases in this city. (a) Are isolation and disinfection usually practiced with scarlet-fever patients? Only those cases under care of physicians; mild cases are called scarlet rash, and let run at large by parents, not knowing the danger.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? I remember of but one death from scarlatina, and none from diphtheria, in this city, in 10 years.

8. To what extent has diphtheria prevailed, and type? None in the vicinity this year.

9. Have malarial diseases prevailed more or less than in 1892? Less. (a) If at all, what is the general character? Mild intermittent and remittent.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? The drainage is altogether surface. Privy vaults are not generally made water-tight, nor often cleaned.

12. What sanitary improvements have been made during the year? Streets and alleys have been better drained, and a few more cisterns built.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes; some.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF WESTPHALIA—THOS. KIRKPATRICK, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More.

2. What is the water supply of your town? Wells and cisterns; wells only surface. (a) Is the water supply good? Only fair. (b) In all months of the year? Only fair; at times all wells dry.

3. Has typhoid fever been unusually prevalent? Yes. (a) In what months most prevalent? August, September, and November. (b) Has it been traced in any instance to a special source? The supposition is drinking water.

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4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? I think it is.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only upon complaints.

6. Extent and prevailing type of scarlet fever: None here for past three years. (*a*) Are isolatien and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? I advise care in funerals, and thorough disinfection and fumigation of rooms, bedding, etc.

8. To what extent has diphtheria prevailed, and type? None for 1893. (*a*) Proportion of deaths? Only one death in 1893; typhoid fever; proportion not figured. (*b*) Are isolation and disinfection practiced? Yes; not thorough. (*c*) Can you give any facts relating to its beginning and mode of spreading? In most cases of typhoid disease is undoubtedly contracted by contact in attendance on patients sick with fever. (*d*) General sanitary condition of houses infected with diphtheria: Some bad.

9. Have malarial diseases prevailed more or less than in 1892? More.

10. Extent and prevailing type of measles: None in 1893.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Very poor.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? Have none (really).

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes, some this year.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am.

TOWN OF WHITE WATER—JOHN HORNER, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? More.

2. What is the water supply of your town? Wells and waterworks. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? Yes. (*a*) In what months most prevalent? July, August, September, and October, 1893. (*b*) Has it been traced in any instance to a special source? Imported.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Could not say, as there has been no call for any here.

6. Extent and prevailing type of scarlet fever: None. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? I should recommend such measures.

8. To what extent has diphtheria prevailed, and type? None. (*c*) Can you give any facts relating to its beginning and mode of spreading? No.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? A few of the typhoid cases showed malaria.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? We have no sewers; situation of town, rolling; good natural drainage.

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12. What sanitary improvements have been made during the year? Streets have been worked, to facilitate drainage.

13. Has your board of health issued a code of sanitary regulations? Not that I am aware of.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF WICHITA—P. D. ST. JOHN, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? About the same.

2. What is the water supply of your town? The city water company's supply is from driven wells; the well water from the shallow wells is bad. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? August, September, October, and November. (*b*) Has it been traced in any instance to a special source? In some cases, to using this bad water from shallow wells.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? Yes.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? During the past summer inspections were systematic.

6. Extent and prevailing type of scarlet fever: We have had but few cases of this, and very light. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Disinfection; and no public funerals.

8. To what extent has diphtheria prevailed, and type? There have been but a few cases. (*a*) Proportion of deaths? No deaths. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? No. (*d*) General sanitary condition of houses infected with diphtheria: Bad.

9. Have malarial diseases prevailed more or less than in 1892? More. (*a*) If at all, what is the general character? The ordinary type.

10. Extent and prevailing type of measles: There is now an epidemic of measles here.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good.

12. What sanitary improvements have been made during the year? The work has been thoroughly systematized.

13. Has your board of health issued a code of sanitary regulations? Yes.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I am.

TOWN OF WILLIS—T. J. CAMPBELL, M. D.

1. Including all sickness, has there been more or less during the year 1893 than [illegible]ge in previous years? Less than any year since 1885.

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2. What is the water supply of your town? From wells. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No cases in or around Willis.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? When complaints are made.

6. Extent and prevailing type of scarlet fever: No cases in Willis.

8. To what extent has diphtheria prevailed, and type? Have had no cases.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Very mild.

10. Extent and prevailing type of measles: None.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Have no drainage.

12. What sanitary improvements have been made during the year? None needed.

13. Has your board of health issued a code of sanitary regulations? No.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

TOWN OF WILSON—M. H. ALDERSON, M. D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Not up to the average.

2. What is the water supply of your town? Sheet water, 50 feet beneath surface. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes, the same the entire year.

3. Has typhoid fever been unusually prevalent? None whatever since I have lived here—11 years.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Very seldom, except when complaints are made.

6. Extent and prevailing type of scarlet fever: Only a few cases, of a simple type. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes, to some extent, I have been informed. I have not seen a single case for five years.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? We have had no experience, but would observe every precaution necessary.

8. To what extent has diphtheria prevailed, and type? Only sporadically. (*a*) Proportion of deaths? Very low. (*b*) Are isolation and disinfection practiced? Yes, as far as possible. (*c*) Can you give any facts relating to its beginning and mode of spreading? It is so rare and mild, there has been no tabulated account kept by any physician, to my knowledge. (*d*) General sanitary condition of houses infected with diphtheria: The best sanitary rules are always observed when possible. The city sanitation is good, and few houses foster this disease.

9. Have malarial diseases prevailed more or less than in 1892? No. (*a*) If at all, what is the general character? Mostly mild types of periodic fever, yielding readily to the ordinary remedy or remedies.

10. Extent and prevailing type of measles: Mild and uncomplicated. (*a*) Restrictive precautions: All necessary precautions taken to prevent spreading.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good. Sewage is removed from city one-half mile and burned as soon as possible.

12. What sanitary improvements have been made during the year? Nothing extraordinary. Streets and alleys have been kept clean.

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13. Has your board of health issued a code of sanitary regulations? None.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes, our people are wide-awake and willing to help at all times.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? I most assuredly am, and that at an early day.

TOWN OF WINFIELD—GEORGE EMERSON, M.D.

1. Including all sickness, has there been more or less during the year 1893 than the average in previous years? Less.

2. What is the water supply of your town? Good; taken from Walnut river. (*a*) Is the water supply good? Yes. (*b*) In all months of the year? Yes.

3. Has typhoid fever been unusually prevalent? No. (*a*) In what months most prevalent? September and October. (*b*) Has it been traced in any instance to a special source? No.

4. Is disinfection of excreta of typhoid patients insisted upon by the physicians in your vicinity? No.

5. Does your board of health make sanitary inspections systematically, or does it act only upon complaints received? Only on complaints received.

6. Extent and prevailing type of scarlet fever: Mild, and but few cases. (*a*) Are isolation and disinfection usually practiced with scarlet-fever patients? Yes.

7. After death from contagious diseases, what precautions are observed concerning funerals, disinfection, etc.? Left to the directions of attending physician and undertaker.

8. To what extent has diphtheria prevailed, and type? None. (*a*) Proportion of deaths? None. (*b*) Are isolation and disinfection practiced? Yes. (*c*) Can you give any facts relating to its beginning and mode of spreading? Have had none during the past year. (*d*) General sanitary condition of houses infected with diphtheria: Matter is left with the attending physician in each case.

9. Have malarial diseases prevailed more or less than in 1892? Less. (*a*) If at all, what is the general character? Few cases of fever.

10. Extent and prevailing type of measles: Mild, but many cases. (*a*) Restrictive precautions: Kept from public schools, but the home is looked after by attending physician only.

11. In general, what is the sanitary condition of town as regards sewage disposal and drainage? Good. The city council have been very diligent during the past season.

12. What sanitary improvements have been made during the year? None.

13. Has your board of health issued a code of sanitary regulations? No.

14. Is there, in your opinion, any advance in public sentiment on questions of public hygiene? Yes.

15. Are you in favor of the legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas? Yes.

THE STATE AT LARGE.

Secretary *State Board of Health*: Since being authorized, I have visited the following counties: Clay, Cloud, Jewell, Smith, Phillips, Norton, Decatur, Rawlins, Cheyenne, Thomas, and Sherman. I find the sanitation of each good.

During my trips, I was successful in seeing most of the health officers, and care-

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fully questioned them concerning the sanitary condition of their respective counties. I found the people generally much interested in this work, and ready to give me their hearty support and coöperation. They want to do all they can for the best interests of the public health. There being but little rain in that portion of the state, I found my district very dry, especially in the extreme western part, but on account of this there is no danger of decaying vegetation; but all the counties have good watter supply, the wells being from 50 to 150 feet in depth, with but little danger of surface drainage.

All the public buildings are in good sanitary condition, generally well built, and with proper ventilation. Not a great deal of sickness has prevailed during the summer.

My opinion is, that there is no danger of cholera, or any infectious disease, resulting from the sanitation of the counties named, and that the only danger is through transportation. Respectfully submitted, J. P. STEWART, M. D.

Secretary State Board of Health: I herewith submit my report on the sanitary condition of the fourth district. On account of the limited time, and the size of the district, my report will necessarily be incomplete. I find the district in very good condition; in fact, much better than I expected. All over it, with the exception of one or two counties, vegetation is dwarfed by the drought—literally dried up upon the ground; so there is nothing to fear from decaying vegetable matter.

Starting out with Dickinson county, I found the town of Abilene in good sanitary condition. Their very efficient county health officer, Doctor Hazlett, has looked after the sanitary interests of the county well. He tells me that he has visited all the towns in the county, and that their sanitary condition is good, and consequently the health is good. The county is well drained by the Smoky Hill river and its tributaries; no marshes nor stagnant water. Abilene has excellent water supply. The county health officer tells me that four cases of typhoid fever have been reported to him, but, upon investigation, he thinks that but one out of the four was typhoid, the others being malaria.

Ottawa county comes next. It corners with Dickinson on the northwest, and has suffered severely by drought the present season. Most of this county is well drained. Doctor Brewer, the county health officer, gives me a very full and interesting report of the sanitary condition of the county. He tells me that the Saline and Salt creek valleys are poorly drained, especially the latter. He says that these valleys furnish about one-half the typhoid cases for the whole county. Four years ago, he says, there was an epidemic of cholera morbus in this section that was almost identical with Asiatic cholera, and that nearly every case died. Minneapolis is well looked after by its health officer.

Mitchell county comes next; it corners with Ottawa on the northwest. The sanitary condition of this county is good. The county health officer, Doctor Swigart, tells me that, since the building of the sewer for the State Industrial School for Girls, their sanitary condition was never better. The county is well drained. Water supply in the country, from wells; in the towns, largely from cisterns. Beloit has waterworks, but the county health officer informs me that the water is not used much for drinking purposes.

Osborne county lies directly west of Mitchell county, and is drained by the Soloman river and its tributaries. The county is well drained, and in good sanitary condition.

Lincoln county lies directly south of Mitchell, and is drained by the Saline river and its tributaries. The sanitary condition is good.

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Rooks county joins Osborne on the west, and is drained by the Solomon river. Vegetation is stunted by the drought. The sanitary condition is good. The county is rather sparsely settled.

Graham county lies west of Rooks, and is drained by the Solomon river and Bow creek and their tributaries. The county is sparsely settled. Doctor Norrish, the county health officer, informs me that the water supply is mostly from wells, and is good; but that many families get their water supply from the streams, which he does not consider potable.

Gove, Logan, Wallace and Greeley counties compose the remainder of my district on the west. They are all sparsely settled and in good sanitary condition. The altitude is between 3,000 and 4,000 feet, and vegetation very scant and cured on the ground. Doctor Norris, the health officer of Logan county, tells me that dead animals never stink in that county. They are dehydrated by the high altitude and simply dry up without decomposition. Many of the people live in sod houses, but Doctor Norris tells me they have but little sickness.

Geary county, the last and least in the district, is in good sanitary condition. It is one of the best watered counties in the state. No swamps nor marshes. The farmers use wells or springs, exclusively, and the water is of the best. Junction City has waterworks. The water is pumped from a system of wells known as the Wagoner system. The water is of excellent quality. The city is in good sanitary condition.

I am under many obligations to the county health officers in my district for information furnished. Respectfully, P. DAUGHERTY, M. D.

Secretary State Board of Health: I wish to inform you that I have visited all the counties of the first sanitary district, except Montgomery and Wabaunsee. Most of the health officers were attending the World's Fair or the opening of the "strip." I found the general health good, and, owing to the extreme dry weather, sanitary conditions in first-class shape; and I am glad to say that the people generally are in perfect sympathy with the State Board of Health, also the local boards of health, and are willing to aid them in the work. FRANK SWALLOW, M. D.

Secretary State Board of Health: On visiting the territory assigned me, I found the sanitary work fairly attended to. Harvey county is one among the small counties of the state. The western part of the county is well supplied with water, but the eastern part is not so well watered. Around Newton, the water supply has run short; a good many wells have gone dry, and the water there is not of the best; and, owing to the long drought and extreme heat and poor water, there have been several cases of typhoid fever, with a few fatalities, in and around Newton. There was some trouble at Newton about the stock-yard pens, but the trouble has been adjusted, and everything is in reasonably good sanitary condition. The doctors over the county are making their reports, and Harvey county is alive to her sanitary work. Doctor Bennett is looking after the health of the county, and is doing good work.

Reno is a large county, and Hutchinson her county seat. I visited that county the 18th of September. A. W. McKinney, M. D., the health officer of Reno county, died the first of the month, and his place had not been filled when I visited the county. The mayor had gone to the "White City," so I failed to see the health officer, and what I found out was by seeing and on inquiry from outside parties. Hutchinson is in good sanitary condition; her streets and alleys are kept clean, and the water supply of the city is attended to. The city has a splendid system of water works, and

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electric lights and street-car line. There are numerous salt plants located at Hutchinson, and there are two slaughterhouses in the corporate limits — one situated in the southeastern part of the city, and one in the northeastern part. They are kept clean, and no more stench can be found there than one can expect in such work. There are some cases of typhoid fever in the city and over the county, and some fatalities reported. The school buildings are in good shape; also, the jail. Reno county has pride enough to keep herself clean and healthy.

Kinsley is the county seat of Edwards county. It has a population of 900; has a $40,000 system of waterworks, and voted bonds to build railroads and schoolhouses; and the city and county is bonded so that the county and city cannot blow away very handy. The Santa Fé railroad has a large eating house and fine depot at this place. The city and railroad company have been having some trouble over the slops and waste from the eating house. The city has threatened to sue the railroad company, and the railroad company says, "If you sue us, we will move our eating house from your town;" and the nuisance is still there. The waste empties into Coon creek, at least 40 rods from the hotel. There is a hole in the bottom of the creek, 10 feet deep, filled with water, and the waste and water stand there and make an odor one can smell for half a mile or more. Dr. G. M. Seacat, the health officer of the county, and I visited the creek, and, after looking over the grounds, it was my opinion the railroad company had emptied their sewer in the only outlet they had, and that it was the duty of the city or county to go far enough down the stream and get what fall they could and run the water out one or two miles, and fill the deep hole up with sand, so the waste and water would not stay and become a stench, but let it run off. Doctor Seacat received me very kindly, and my stay at Kinsley was very pleasant. There are only four physicians in the county, and all are located in Kinsley. I had the pleasure of meeting two of the physicians besides Doctor Seacat, and the doctors promised me they would report their births and deaths, and we hope to hear a good report from Edwards county. Kinsley has two as fine schoolhouses as there are anywhere, and they are in good shape for the comfort of their occupants. Kinsley was one of the boom towns of Kansas, and had at one time 2,500 inhabitants; but the drought and failure of crops have compelled the people to leave the county. The poor of the county are attended to by B. B. Mosher, M. D., for $136 a year. There have been no epidemics of contagious or infectious diseases in the county, and the health is good. The health officer receives $50 a year for his work.

On visiting Larned, the county seat of Pawnee county, I met Dr. J. M. Cummins, the efficient health officer of that county. The doctor is 57 years old, but is as sprightly as a boy. He is an old resident of the city, and has done well in his profession. I drove over the city, through the alleys, and on the hills west of town. One has a most picturesque view of the city and country from the elevated lands west and adjoining the city. A few years ago the city was investigating the bowels of the earth, and struck an enormous flow of water. The water has a salty, brackish taste, and the citizens say it has wonderful medical properties. They have bath rooms, and a small lake where one can boat ride and enjoy the Kansas zephyrs. From this artificial lake the water has permeated the entire soil around and under the city, till it has impregnated the water of the wells so it is not fit for drinking and culinary purposes. The city is compelled to go out farther to get good water to supply the city. Pawnee river and the Arkansas are the streams that flow by the city. The Arkansas is dry, and it is only known as a river by its dry, barren, sandy bottom. We believe the time will come when the head waters of this stream will all be utilized in Colorado for irrigating purposes, and only in real rainy seasons will there be any water in this once grand and noble stream. There are only seven doctors in Pawnee

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county. The health is and has been good for several years. There was an epidemic of scarlet fever in the county some time ago, but the disease was mild and no fatalities attended the disease. The county is now free from any infectious or contagious disease. The doctors do not report, and there seems to be no interest taken on that line. We urged the importance of the doctors doing what the law required of them, and we believe Pawnee county will fall in rank and make their reports, and attend to the health of their county. The health officer receives $50 per annum for his compensation, and the amount is not sufficient to compensate for the work that there is to do.

Meade county is a very healthy county, and it is a poor county for doctors. There are about 300 inhabitants in Meade city, and 1,800 to 2,000 in the county. There are only three physicians in the county. One of them does not practice, on account of ill health and old age, and one does but very little business, if any. Dr. C. Button, the health officer, attends to most of the business of the county, and attends to looking after the health interests of the people of Meade county. The health committee looks after any nuisance, and abates the same. The privy vaults and water-closets are in good sanitary condition. If you do not get any report from Meade county, it is because there is nothing to report. The schoolhouses are in good condition, and the interests of the children are closely looked after.

Pratt City is situated on the Ninnescah river, and is the county seat of Pratt county. It is a very pretty city, and is so situated that it has natural drainage. They have a good system of waterworks, and good hotels. It has a population of 2,000, and about 400 scholars attend public schools. I found that Doctor Peak had moved to Springfield, Mo., and Dr. W. H. Everson was the present health officer of the county. The doctor has had buried 48 dead horses this year, and has the streets and alleys cleaned, where they need cleaning, every week. There are 14 physicians in the county, and they all report except Doctor Stevens, of Cullison, Kas. Whether the doctor was careless, or had nothing to report, I could not ascertain. Pratt has three good school buildings in good shape, and the health of the county has been, and is now, very good. I found, on personal inspection, that Pratt is in good sanitary condition, and is well prepared to fight any contagious or infectious diseases that may visit her.

I found, on visiting the counties of southwestern Kansas, everything dried up, and business almost at a standstill. Kingman, the county seat of Kingman county, had at one time 6,000 inhabitants, but now has about 2,200. It is situated 1,800 feet above sea level, and is on the banks of the beautiful stream Ninnescah. It has three or four abandoned salt plants. The city is well drained, and the streets and alleys are kept clean and in good shape. The slaughter pens are outside of the city limits. They haul the garbage and dead animals two miles out of town, and bury and destroy all waste and animals. Privy vaults and water-closets are cleaned and disinfected two or three times a year. Dr. E. W. Hinton, the county health officer, is wide-awake, and has done good work for Kingman city and the county. There are 17 practicing physicians in the county, and they are all doing their duty in reporting. There has been some typhoid fever this summer, and this disease is the prevailing disease of the county. The schoolhouses are in fairly good shape. The large schoolhouse is in good shape, except its being heated by stoves; it is well ventilated. I made a personal inspection of the city, and found it in good sanitary condition.

Seward county has about 1,000 inhabitants. It does not rain very often in this part of Kansas. There has been very little sickness the last year in this county, and the county is in good sanitary condition.

The sanitary condition of Comanche county is good, and nothing of importance

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to report. Dr. John S. Holliday, of Coldwater, has an eye on the health of the county, and is keeping everything in good shape.

Ashland, the county seat of Clark county, has a population of 350, and the county has about 2,500 inhabitants. There are three physicians in the county. There are about 100 scholars attending school at Ashland. The sanitary condition of school buildings over the county is good. The board of health of the county meets four times a year. There have been 12 nuisances abated the last year, such as dead stock, pigpens, privies, and chicken houses. The water-closets and privies are disinfected and kept in reasonably good shape. The physicians all report promptly, and Dr. W. F. Taylor, the worthy secretary of the board of health of the county, is doing a good work and keeping the county up in line to ward off any invasion of contagious and infectious disease that may come into the county or state.

Greensburg is the county seat of Kiowa county. The population of the county is between 3,000 and 4,000. This county supports 10 physicians, and there is more sickness in this county than in Meade county. The privy vaults and water-closets are cleaned and disinfected once or twice a year. J. A. Mulligan, the efficient health officer, is progressive and is a rustler, and the county is in good condition to meet an invasion of cholera. The physicians of the county have been somewhat negligent in reporting the births and deaths, but means have been started that will arouse them to a sense of their duty. There is a regular organized board of health in the county, and the welfare of the county is looked after, and any nuisances are soon abated. The schoolhouses are in good condition, and the health of scholars is looked after, and any wants attended to that will promote their health and intellectual interests.

Barber county has a population of 10,000, and the county seat, Medicine Lodge, is noted for its sugar factory and its congressman. There are 10 physicians in the county and all report except one or two, who are somewhat negligent. The prevailing diseases in the county are malarial and typhoid fevers. The sugar factory has become almost a nuisance, as the waste empties into the river and spoils the water for use, and there is a great deal of complaint; but we think there will be some way provided to render the nuisance more bearable. Dr. J. D. Karr, the efficient health officer, is trying to keep the trouble in bounds, and, outside of the sugar factory, everything is in fair shape. E. M. HOOVER, M. D.

Secretary State Board of Health: I have investigated the sanitary condition of the seventh health district, and find the sanitary condition of the following counties very good: Wyandotte, Leavenworth, Doniphan, Brown, Nemaha, Marshall, Pottawatomie, Jackson, Washington, Republic, and Johnson.

The sanitary condition of the city of Leavenworth is bad, and the city authorities seem to be very negligent, and refuse to enforce the law relative to the public health as much as they should. I gave them a good stirring, and believe they will do better in the future.

Kansas City, Kas., is in a fair sanitary condition, with the exception of weeds and stagnant ponds, but we are trying to have that corrected. E. SWARTS, M. D.

Secretary State Board of Health: I hereby respectfully submit the following report as city physician of Topeka, for the year ending March, 1894; from March 1, 1893, to March 1, 1894:

There have been reported during this year 374 births: Males, 178; females, 196; white, 348; colored, 26. It appears that but a small proportion of colored births have been reported; probably because many of them occurred without the attend-

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ance of any responsible physician. There have been 402 deaths reported this year, classified as per the vouchers shown herewith.

There have been 181 cases of diphtheria, 130 of which have been fumigated to date. The number of deaths from diphtheria has been only 15, an unusually small number among such a large number of cases.

There have been 182 cases of scarlet fever, of which 128 have been fumigated to date, with only one death; from which two deductions may be drawn: the general efficiency of the sanitary regulations, quarantine, etc., and the generally mild character of the disease.

There have been during the year 77 cases of measles, of which 72 have been fumigated to date; and I desire to call attention to the fact that, while most of the cases have been without the care of any physician, the quarantine has quite thoroughly held them in check, so that we have had no general epidemic, as in most of the large towns about us.

The following number of dead animals have been removed: Horses and mules, 135; hogs, 8; dogs, 250; cats, 95; total, 488. Sewer connections made, 285. Wells and cellars inspected, 195.

I desire to call your attention to a report I have made to the city council upon the practice of exposing meats, fruits, vegetables, etc., for sale upon the sidewalks and in the open air; and especially do I call attention to the reasons why such exposure is very detrimental to the public health, and should not be allowed. Would it not be well for the State Board of Health to secure the passage of a state law prohibiting the same?

The attention of the State Board of Health is respectfully called to the exposure of meat in front of the retail shops. In order to insure against diseased meat, the city has appointed a meat inspector, who inspects all meat before it is placed in the retail shops, and this is a wise provision. But this is not sufficient protection, and the care of the meat, poultry, fish, oysters, etc., when exposed, as is particularly the case on Kansas avenue, is a matter of public danger, therefore of public interest.

There is always more or less dust in the atmosphere, and the frequent gusts of wind, even in pleasant weather, carry large quantities of it and deposit it upon the meats exposed. The sun and warmth melt the fat more or less, and the dust settles into the substance of the meat and cannot be worked off.

When the meat is cooked rare the numerous organisms deposited on it are not destroyed, and they are taken into the system; and in this way disease is conveyed from the sick to the healthy persons on paved streets, principally those traveled as much as Kansas avenue. The dust is composed principally of effete matter from animals, from expectorations of people — consumptives and other classes of diseased persons — discharges from the nose of large quantities of mucus, all thrown on the pavement. This dries and is taken up by the wind, and is deposited on the meats.

According to the best scientific investigations, it is closely proven that there are living organisms in many of the expectorations from the living animal and man, which are thrown out, dried, and taken up in various ways, and disease is in this way communicated to others.

Aside from the danger of infection, one of the principal retail men on Kansas avenue, and several others in the business, say it is not only a dangerous and filthy practice to expose the meat in this way, but a considerable loss to the dealer by evaporation of the water from the meat, causing a loss in weight, and when a piece is blackened from dust too much the outside has to be trimmed off. Because one displays his meat in this way another feels that he must do the same. All the display that is necessary can be made in the inside of the meat store in the front windows, with the glass to protect the meat from the dust of the street.

Since, then, it is a matter of public interest and safety, and no loss but a gain to the retail dealer, no inconvenience to him, and will add greatly to the appearance of the street in front of the stores, I do respectfully recommend that the display of meats on the outside of the business houses by butchers on streets be prohibited.

The general sanitary condition of Topeka to-day is better than it has been for ars, and, with the completion of the thorough cleaning of all the alleys, by-ways, c., now in progress, we shall expect to pass through the coming hot months with s than ever before. Respectfully submitted,

J. B. HIBBEN, M. D.,
Secretary City Board of Health, Topeka.

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VITAL STATISTICS.

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TABLE I.—RETURN OF THE REGISTRATION OF BIRTHS FOR THE YEAR 1893.

	No. births in year.	SEX.			COLOR.			NUMBER OF CHILD OF MOTHER.											County number.
		Male	Female	Not given.	White	Colored	Not given.	First	Second	Third	Fourth	Fifth	Sixth	Seventh	Eighth	Ninth	Tenth	Eleven (and more)	Not given.	
Bourbon	191	104	81	6	170	12	9	36	43	23	17	18	5	2	4	4	4	2	33	3
Brown	121	51	70	.....	121	.....	.....	33	29	14	15	10	7	8	1	1	2	1	.....	4
Butler	85	50	35	.....	83	2	.....	22	18	12	7	4	10	8	1	.....	1	2	.....	7
Chase	213	104	109	.....	200	13	.....	60	40	30	19	23	13	9	5	.....	3	4	5	8
Chautauqua	118	57	60	1	116	1	1	37	21	9	8	13	11	10	3	2	2	1	1	11
Clark	47	23	24	.....	47	.....	.....	10	7	6	6	7	8	3	2	.....	.....	.....	2	13
Clay	122	58	59	5	116	3	3	32	17	16	19	14	8	3	1	2	2	2	6	14
Cowley	76	43	32	1	66	1	9	18	11	15	13	5	4	3	1	.....	1	.....	4	18
Crawford	287	141	145	1	283	4	.....	66	58	46	31	28	19	10	9	3	4	7	6	19
Decatur	29	19	10	.....	29	.....	.....	7	4	6	2	4	2	2	1	.....	.....	1	.....	20
Dickinson	395	193	197	5	386	6	3	105	78	53	46	34	24	12	13	6	2	12	10	21
Douglas	146	57	86	5	129	15	4	49	30	32	12	9	2	3	2	2	3	3	1	23
Edwards	16	8	8	.....	16	.....	.....	10	2	.....	1	1	.....	.....	.....	.....	.....	.....	.....	24
Elk	162	82	75	5	160	1	1	52	25	32	17	14	5	5	4	.....	1	2	5	25
Ellis	45	21	24	.....	44	1	.....	5	14	15	10	1	.....	.....	.....	.....	.....	.....	.....	26
Ellsworth	124	62	59	3	122	2	.....	41	18	20	11	6	8	3	5	.....	3	2	7	27
Finney	70	28	36	6	65	2	3	15	13	14	13	5	2	1	1	1	1	.....	4	28
Franklin	169	70	92	7	164	5	.....	38	40	26	15	12	10	6	1	4	.....	.....	17	30
Geary	103	58	45	.....	91	6	6	26	16	22	9	5	5	7	5	3	2	1	2	32
Graham	56	14	12	.....	23	3	.....	7	6	4	1	3	1	.....	2	1	1	.....	.....	34
Gray	32	19	13	.....	31	1	.....	11	5	7	.....	.....	2	4	1	.....	1	1	.....	36
Greeley	37	18	19	.....	37	.....	.....	4	16	10	.....	2	.....	.....	.....	.....	.....	.....	.....	37
Greenwood	84	41	33	10	84	.....	.....	26	13	13	17	3	6	3	3	.....	.....	.....	.....	38
Harper	119	67	50	2	118	1	.....	32	22	14	12	14	6	3	4	4	1	1	6	40
Harvey	113	98	4	11	109	2	.....	34	20	13	14	10	4	6	2	5	1	1	3	41
Haskell	29	9	20	.....	.....	.....	29	3	6	6	3	5	3	.....	2	.....	.....	1	.....	42
Jefferson	103	50	51	2	93	5	5	25	27	14	14	2	9	6	1	2	.....	3	1	45
Jewell	147	80	67	.....	147	.....	.....	42	16	19	21	12	8	5	3	5	4	4	8	46
Johnson	219	115	102	2	210	9	.....	66	42	32	20	21	14	9	5	3	2	4	1	47
Kearny	5	2	3	.....	5	.....	.....	1	2	1	.....	.....	.....	1	.....	.....	.....	.....	.....	48
Kingman	111	54	57	.....	110	1	.....	27	8	19	8	6	4	3	2	3	3	.....	.....	49
Kiowa	40	21	19	.....	39	1	.....	8	8	4	6	6	4	1	3	.....	.....	.....	.....	50
Labette	299	140	158	1	289	8	2	84	62	41	22	22	20	12	7	3	4	8	14	51
Lane	18	6	12	.....	18	.....	.....	4	6	3	3	1	.....	1	.....	.....	.....	.....	.....	52
Leavenworth	498	270	228	.....	446	52	.....	7	7	5	7	1	3	1	.....	.....	.....	.....	467	53
Linn	80	46	31	3	74	.....	6	28	20	7	6	5	3	5	2	4	.....	.....	.....	55
Lyon	122	56	66	.....	122	.....	.....	46	18	17	12	5	5	5	2	4	1	3	4	57
Marion	185	96	89	1	185	.....	.....	31	29	27	25	17	12	12	12	8	3	8	1	58
McPherson	352	193	156	3	351	1	.....	94	68	49	39	24	20	14	14	6	7	8	9	60

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61	Meade	21	14	7	.....	20	.....	1	6	3	1	1	5	3	1	.....	1	.....	.....	.....	61
62	Miami	51	24	26	1	45	5	1	7	11	9	5	4	2	.....	.....	.....	.....	.....	13	62
63	Mitchell	247	138	109	.....	247	.....	.....	55	54	34	27	20	10	16	12	7	5	6	1	63
64	Montgomery	293	158	134	1	279	10	4	33	57	50	34	22	18	9	9	.....	2	4	5	64
65	Morris	28	18	10	.....	28	.....	.....	8	4	5	3	3	.....	.....	.....	.....	1	1	3	65
66	Morton	27	8	5	14	6	2	19	.....	4	2	2	.....	3	.....	.....	1	.....	2	13	66
67	Nemaha	180	88	92	.....	159	1	20	48	36	32	13	11	19	6	6	2	.....	3	4	67
70	Norton	93	38	55	.....	79	.....	14	33	15	13	14	6	4	3	1	.....	3	.....	1	70
72	Osborne	99	42	47	10	99	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	99	72
73	Ottawa	156	79	74	3	156	.....	.....	44	29	24	19	12	13	3	3	3	1	1	4	73
74	Pawnee	53	32	21	.....	43	10	.....	13	13	15	7	4	.....	.....	.....	.....	.....	1	.....	74
75	Phillips	136	66	70	.....	134	2	.....	42	19	13	16	21	10	4	4	4	1	2	.....	75
77	Pratt	108	52	54	2	101	4	3	24	26	17	12	13	11	2	.....	2	1	.....	.....	77
78	Rawlins	53	29	24	.....	53	.....	.....	12	10	10	7	6	5	1	1	1	.....	.....	.....	78
79	Reno	300	140	160	.....	294	6	.....	180	69	49	28	22	20	10	5	4	3	2	6	79
80	Republic	337	173	163	1	337	.....	.....	90	58	47	43	33	24	17	4	6	4	9	2	80
81	Rice	269	142	127	.....	268	1	.....	67	46	49	36	19	13	8	12	2	6	4	7	81
82	Riley	59	36	23	.....	59	.....	.....	22	9	13	4	3	1	2	1	3	1	.....	.....	82
84	Rush	43	28	15	.....	43	.....	.....	10	7	9	10	3	1	3	.....	.....	.....	.....	.....	84
85	Russell	57	30	27	.....	57	.....	.....	20	7	10	8	6	3	1	1	.....	1	.....	.....	85
86	Saline	207	98	88	21	161	4	42	54	29	26	18	15	10	7	3	3	3	.....	39	86
87	Scott	31	9	16	6	24	.....	7	5	7	18	.....	.....	.....	.....	.....	.....	.....	.....	1	87
88	Sedgwick	473	229	244	.....	460	13	.....	153	75	62	52	44	22	21	17	5	5	11	6	88
89	Seward	18	11	7	.....	18	.....	.....	3	4	4	2	3	.....	.....	.....	1	.....	1	.....	89
91	Sheridan	48	24	24	.....	48	.....	.....	11	8	10	5	5	3	3	1	.....	.....	1	1	91
92	Sherman	75	33	42	.....	67	.....	6	28	20	10	8	9	.....	.....	.....	.....	.....	.....	.....	92
93	Smith	159	83	76	.....	159	.....	.....	41	28	30	17	10	7	8	9	7	2	.....	.....	93
95	Stanton	25	21	4	.....	.....	.....	25	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	25	95
96	Stevens	26	16	10	.....	26	.....	.....	.....	6	7	4	1	2	1	.....	.....	.....	.....	.....	96
97	Sumner	240	127	113	.....	236	4	.....	53	50	39	28	24	10	9	3	5	2	4	13	97
100	Wabaunsee	148	75	73	.....	137	11	.....	30	30	26	15	15	10	10	3	2	1	3	3	100
101	Wallace	32	17	15	.....	31	1	.....	10	7	2	4	4	.....	1	2	.....	.....	1	1	101
102	Washington	351	200	148	3	348	2	1	115	67	87	43	26	.....	.....	.....	7	2	2	2	102
103	Wichita	20	15	5	.....	20	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	20	103
105	Woodson	106	49	55	2	104	2	.....	35	14	18	9	4	8	2	6	1	3	3	3	105
106	Wyandotte	603	318	284	1	564	32	7	131	115	80	48	43	25	12	11	5	3	5	125	106
	Totals	10,312	5,284	4,883	145	9,811	268	233	580	1,843	1,518	1,048	791	524	345	238	150	110	149	1,016	

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TABLE I.—RETURN OF THE REGISTRATION OF BIRTHS FOR THE YEAR 1893—CONTINUED.

County number	COUNTIES.	NATIVITY OF MOTHER.			GROUPED AGES OF MOTHERS.								NATIVITY OF FATHER.			GROUPED AGES OF FATHERS.								County number
		American.	Foreign.	Not given.	Under 15.	15 to 20.	21 to 25.	26 to 30.	31 to 35.	36 to 40.	41 to 45.	Over 45.	Not given.	American.	Foreign.	Not given.	Under 20.	21 to 25.	26 to 30.	31 to 35.	36 to 40.	41 to 45.	46 to 50.	51 to 55.	Over 55.	Not given.	
3	Atchison	145	21	25	....	14	21	50	34	24	12	1	35	144	26	21	....	6	38	25	37	20	6	1	1	57	3
4	Barber	117	2	2	....	19	34	23	19	12	....	....	14	112	6	8	2	29	25	15	12	2	1	....	....	35	4
7	Brown	69	16	....	....	9	26	23	12	9	2	3	1	67	18	....	....	12	18	23	17	9	3	....	1	2	7
8	Butler	202	11	....	....	30	61	48	36	16	8	....	14	200	13	....	....	29	64	49	30	15	8	2	....	16	8
11	Cherokee	91	13	14	1	15	30	21	14	14	7	1	15	83	14	21	1	15	25	27	15	6	6	1	2	20	11
13	Clark	46	1	....	....	1	7	.....	3	3	....	....	33	47	.....	....	....	1	1	1	4	....	....	1	....	39	13
14	Clay	86	28	8	....	15	23	26	18	14	5	3	18	89	25	8	2	11	30	24	19	13	4	....	....	19	14
18	Cowley	72	2	2	....	6	24	15	11	5	4	1	10	71	4	1	....	9	12	18	9	8	2	2	15	1	18
19	Crawford	225	57	5	....	45	83	53	50	28	12	3	13	222	57	8	3	49	80	61	42	25	10	2	2	13	19
20	Decatur	27	2	....	....	2	6	9	5	2	3	1	1	26	3	....	2	5	6	4	7	2	2	1	....	.....	20
21	Dickinson	294	71	30	....	39	107	82	53	46	17	4	47	309	70	16	2	53	97	76	63	20	18	7	1	58	21
23	Douglas	131	15	2	....	24	49	34	18	15	5	....	3	122	18	8	1	19	38	47	15	9	15	....	4	.....	23
24	Edwards	15	1	....	....	2	7	4	1	2	....	....	.....	14	2	....	....	2	7	3	3	1	....	....	....	.....	24
25	Elk	147	2	13	1	20	41	29	23	9	5	1	33	137	7	18	3	19	24	30	27	6	7	3	2	41	25
26	Ellis	26	19	....	....	9	19	8	7	2	....	....	.....	25	10	1	....	13	12	15	2	1	2	....	....	.....	26
27	Ellsworth	95	37	2	....	16	28	25	16	12	5	2	20	90	34	....	4	12	33	18	17	10	2	2	2	24	27
28	Finney	51	3	16	....	2	6	12	11	2	1	....	36	50	4	16	....	1	6	8	4	2	....	3	1	45	28
30	Franklin	.....	.....	169	1	14	38	52	29	11	5	....	19	.....	.....	169	....	22	34	45	19	15	6	1	2	25	30
32	Geary	76	26	1	....	9	27	28	16	12	4	....	7	70	32	1	1	17	26	14	21	11	3	3	1	6	32
34	Graham	20	6	....	....	2	10	7	2	5	....	....	.....	25	1	....	....	5	6	3	6	4	1	1	....	.....	34
36	Gray	30	1	1	....	7	4	7	9	3	2	....	.....	29	3	....	....	3	6	7	5	7	3	1	....	.....	36
37	Greeley	33	4	....	....	2	11	15	6	3	....	....	.....	32	5	....	....	5	10	14	6	2	....	....	....	.....	37
38	Greenwood	84	.....	....	5	11	30	24	9	5	....	....	.....	84	.....	....	4	26	23	14	8	7	2	....	....	.....	38
40	Harper	115	1	3	....	19	30	27	22	8	6	....	7	116	1	2	2	17	26	31	18	11	4	3	....	7	40
41	Harvey	75	35	3	....	4	41	21	26	11	7	1	2	75	34	4	....	32	26	20	13	17	2	1	1	1	41
42	Haskell	29	.....	....	....	2	11	2	4	5	....	....	5	29	.....	....	1	3	1	10	4	2	....	1	5	2	42
45	Jefferson	98	9	1	....	15	23	24	19	8	3	1	10	91	8	4	....	19	22	22	10	9	6	4	....	11	45
46	Jewell	124	12	11	....	19	38	30	17	13	5	....	26	124	12	11	4	14	46	23	21	10	6	3	....	20	46
47	Johnson	194	21	4	1	20	66	61	36	20	9	1	5	188	26	5	1	33	67	43	33	16	13	....	4	9	47
48	Kearny	5	.....	....	....	1	2	.....	1	1	....	....	.....	4	1	....	....	.....	1	1	3	....	....	....	....	.....	48
49	Kingman	109	2	....	....	17	37	22	20	7	6	2	.....	107	4	....	....	16	25	25	22	12	7	3	....	1	49
50	Kiowa	38	2	....	....	5	9	10	10	4	2	....	.....	36	4	....	....	5	13	5	14	1	2	....	....	.....	50
51	Labette	231	12	6	1	35	80	64	34	29	6	2	48	206	17	16	6	58	70	66	31	21	10	8	5	24	51
52	Lane	18	.....	....	....	3	5	6	4	....	....	....	.....	16	2	....	....	1	5	6	4	1	1	....	....	.....	52
53	Leavenworth	369	105	26	....	2	1	10	4	10	....	10	461	324	129	45	....	6	5	8	4	2	1	1	5	466	53
55	Linn	64	12	4	....	12	23	12	14	13	2	2	3	60	14	6	....	7	17	13	25	10	2	2	1	3	55
57	Lyon	109	11	2	....	21	39	20	16	13	6	....	7	105	13	4	2	22	24	20	17	13	3	2	2	17	57
58	Marion	75	107	3	....	13	45	45	40	22	9	1	10	73	109	3	2	26	37	53	38	10	11	6	....	2	58
60	McPherson	200	149	3	....	41	94	88	62	28	21	2	16	192	160	....	1	39	91	81	61	35	13	10	2	19	60

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61	Meade	20	1	....	....	1	4	5	6	5	....	....	.....	19	2	....	....	5	2	6	5	2	....	1	....	.....	61
62	Miami	38	2	11	....	2	10	7	4	2	....	....	26	39	1	11	....	5	8	5	5	....	....	....	....	28	62
63	Mitchell	211	23	13	....	22	37	49	43	27	12	1	6	210	26	11	6	31	56	45	46	35	12	8	2	6	63
64	Montgomery	264	25	4	1	39	71	71	44	33	12	2	20	262	27	4	1	45	51	64	37	25	22	11	11	26	64
65	Morris	28	.....	.....	....	.....	1	1	1	.....	.....	....	25	28	.....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	28	65
66	Morton	11	14	2	....	1	1	3	3	4	1	....	14	11	15	1	.....	.....	3	2	3	2	2	....	1	14	66
67	Nemaha	147	23	10	....	36	51	34	29	8	2	1	19	134	33	13	7	29	47	29	30	10	4	3	1	20	67
70	Norton	87	6	....	....	22	22	23	8	12	1	....	5	84	9	....	1	15	16	22	13	9	5	1	1	10	70
72	Osborne	70	25	4	1	5	27	22	8	8	4	16	8	77	18	4	1	9	24	14	12	4	3	2	11	19	72
73	Ottawa	119	12	25	....	16	36	27	19	5	5	2	46	126	13	17	....	14	37	21	22	6	10	2	2	42	73
74	Pawnee	40	12	1	....	4	23	17	6	....	1	....	2	40	12	1	....	14	22	10	6	....	....	....	....	1	74
75	Phillips	117	15	4	....	22	34	32	24	15	3	2	4	114	18	4	2	20	26	22	24	12	9	4	1	16	75
77	Pratt	97	8	3	....	14	25	15	8	13	3	5	25	98	7	3	1	10	21	22	16	2	2	2	1	31	77
78	Rawlins	42	11	....	....	8	13	15	12	3	1	....	1	40	13	....	....	8	14	16	10	3	2	....	....	.....	78
79	Reno	257	31	12	....	31	84	75	84	25	....	1	.....	257	27	16	2	41	82	57	36	11	15	....	....	56	79
80	Republic	257	67	13	1	55	82	73	59	42	8	6	11	264	63	10	2	66	66	75	44	35	16	12	5	16	80
81	Rice	245	20	4	....	.....	.....	.....	.....	.....	.....	.....	269	253	16	....	....	.....	.....	.....	.....	.....	.....	.....	.....	269	81
82	Riley	48	11	....	....	5	26	18	3	5	2	....	.....	49	10	....	....	10	19	14	8	7	....	....	1	.....	82
84	Rush	37	6	....	....	1	15	15	5	2	5	....	.....	37	6	....	....	2	5	8	12	5	8	3	....	.....	84
85	Russell	52	5	....	....	6	19	14	15	3	....	....	.....	51	6	....	....	15	14	12	7	3	3	3	....	.....	85
86	Saline	.....	.....	207	....	.....	.....	.....	.....	.....	.....	.....	207	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	207	86
87	Scott	20	6	5	....	1	9	8	8	2	1	....	2	20	6	5	....	1	9	9	12	....	....	....	....	.....	87
88	Sedgwick	396	60	17	....	57	125	103	61	49	15	7	56	385	68	20	4	67	109	85	55	54	18	14	1	64	88
89	Seward	18	.....	....	....	3	3	3	6	3	.....	.....	.....	17	1	....	1	1	3	5	6	2	....	....	....	.....	89
91	Sheridan	36	12	....	....	4	9	11	13	6	2	....	3	36	12	....	....	1	9	11	17	8	1	1	....	.....	91
92	Sherman	59	13	3	....	4	21	22	12	7	2	1	6	35	11	29	6	27	23	14	5	....	....	....	....	.....	92
93	Smith	150	9	....	....	20	56	34	20	14	12	3	.....	146	13	....	....	29	35	34	28	19	10	3	1	.....	93
95	Stanton	.....	.....	25	....	.....	.....	.....	.....	.....	.....	.....	25	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	25	95
96	Stevens	22	3	1	....	4	3	8	7	....	....	....	4	21	4	1	....	5	4	9	3	3	1	....	....	1	96
97	Sumner	189	14	37	....	32	64	42	28	28	8	4	34	185	19	36	1	34	51	36	32	26	7	4	8	41	97
100	Wabaunsee	128	17	3	6	43	44	32	6	10	1	....	6	122	28	3	1	25	38	37	41	6	....	....	....	.....	100
101	Wallace	28	3	1	....	5	10	6	3	5	1	1	1	8	1	23	1	4	5	12	3	3	1	1	1	1	101
102	Washington	285	60	6	....	58	104	73	51	40	17	....	8	267	32	2	4	64	95	56	67	31	18	5	....	11	102
103	Wichita	20	.....	.....	....	1	.....	1	2	3	1	....	12	14	.....	6	....	.....	.....	2	2	....	1	....	10	5	103
105	Woodson	99	5	2	....	11	35	21	14	8	7	1	9	57	14	35	1	18	22	25	13	8	8	2	....	9	105
106	Wyandotte	416	113	74	....	88	134	115	75	30	7	....	154	418	134	48	4	73	107	114	62	38	19	....	2	184	106
	Totals	8,023	1,446	843	19	1,163	2,484	2,032	1,418	863	313	93	1,925	7,776	1,605	694	90	1,849	2,120	1,861	1,388	734	379	157	121	2,113	

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TABLE I.—RETURN OF THE REGISTRATION OF BIRTHS FOR THE YEAR 1893—CONCLUDED.

County number.	COUNTIES.	MONTHS.												Not stated	No. of twins.	No. of triplets	No. of illegitimate children.	No. of stillbirths.	Total, 1893.	PREVIOUSLY REPORTED.						County number.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.							1887.	1888.	1889.	1890.	1891.	1892.	
3	Atchison	9	12	17	10	15	6	21	25	18	24	18	15	1	1	1	1	2	191	.....	26	16	9	13	826	3
4	Barber	12	15	11	6	15	7	6	9	6	10	5	19	...	...	....	....	....	121	.....	.....	.....	.....	.....	156	4
7	Brown	....	....	3	3	7	9	20	4	14	8	12	5	....	2	....	....	....	85	113	.....	.....	16	41	118	7
8	Butler	15	8	8	22	15	15	10	8	42	16	19	35	....	2	....	....	....	213	172	.....	134	115	82	92	8
9	Chase	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	107	113	54	.....	32	84	9
11	Cherokee	15	22	10	8	8	7	2	6	13	13	5	7	2	2	1	....	....	118	.....	.....	.....	.....	.....	190	11
13	Clark	3	4	6	7	2	8	5	1	6	....	3	2	....	1	....	....	....	47	.....	.....	.....	.....	.....	17	13
14	Clay	7	10	14	3	7	14	1	4	16	7	26	13	....	....	....	....	....	122	78	85	77	58	56	94	14
15	Cloud	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	77	54	8	.....	.....	213	15
16	Coffey	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	69	16	.....	10	21	48	16
17	Comanche	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....	53	.....	38	57	88	17
18	Cowley	8	7	5	4	2	3	11	5	3	15	6	7	....	....	1	....	1	76	.....	.....	.....	.....	49	166	18
19	Crawford	21	13	7	22	20	41	50	20	32	35	6	20	....	4	....	2	1	287	404	598	350	261	208	302	19
20	Decatur	1	6	5	1	3	1	4	3	....	2	1	2	....	....	....	....	....	29	132	167	160	73	39	58	20
21	Dickinson	28	32	35	34	32	26	42	41	49	26	31	19	....	4	....	....	....	395	.....	.....	.....	.....	.....	226	21
23	Douglas	....	3	1	4	16	18	15	26	20	13	18	14	....	....	....	....	....	148	.....	.....	.....	.....	.....	.....	23
24	Edwards	3	....	....	....	....	....	1	5	3	2	1	1	....	....	....	....	....	16	.....	.....	.....	.....	.....	40	24
25	Elk	18	11	14	13	12	8	10	8	19	9	14	16	....	....	....	....	....	152	.....	.....	.....	.....	.....	62	25
26	Ellis	4	2	8	2	2	1	4	3	1	7	6	8	....	2	6	....	....	48	.....	25	22	47	.....	175	26
27	Ellsworth	17	11	18	11	12	10	4	10	5	7	12	7	....	2	....	2	2	124	121	113	101	88	124	152	27
28	Finney	6	6	4	9	4	6	3	5	4	7	7	6	3	2	....	....	....	70	145	103	46	55	45	45	28
29	Ford	4	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	4	253	149	105	45	55	68	29
30	Franklin	19	25	18	13	7	1	17	26	14	15	5	9	....	....	....	....	....	169	.....	83	61	45	.....	340	30
31	Garfield	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....	29	31	18	5	10	31
32	Geary	9	9	3	21	....	4	9	6	12	18	9	3	....	1	....	....	....	103	118	128	132	126	89	93	32
34	Graham	....	3	4	3	2	3	2	1	1	....	4	3	....	....	....	....	....	26	.....	44	45	.....	13	21	34
36	Gray	5	4	2	1	3	4	2	1	1	3	3	3	....	....	....	....	....	32	.....	.....	.....	.....	.....	22	36
37	Greeley	5	3	4	2	3	5	2	4	3	2	2	2	....	....	....	....	2	37	....	.....	.....	29	33	22	37
38	Greenwood	10	3	11	3	5	3	6	3	21	12	2	5	....	....	1	....	....	84	124	94	.....	74	33	90	38
40	Harper	7	9	7	9	11	14	14	11	3	12	7	15	....	1	....	....	2	119	.....	.....	.....	.....	.....	100	40
41	Harvey	....	....	4	5	5	1	2	1	5	1	2	3	....	....	....	....	....	29	126	148	.....	28	15	80	41
43	Hodgeman	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	26	25	38	27	.....	31	43
45	Jefferson	7	8	14	9	7	11	14	10	7	7	7	2	....	1	....	2	....	103	.....	.....	.....	.....	.....	6	45
46	Jewell	9	12	9	9	12	12	12	12	14	10	19	11	6	2	....	....	3	147	83	92	88	58	54	134	46
47	Johnson	16	25	26	20	13	17	20	18	19	18	15	12	....	2	....	2	....	219	228	245	202	113	164	178	47
48	Kearny	....	1	....	....	....	....	....	1	....	1	1	1	....	....	....	....	....	5	.....	.....	18	22	.....	5	48
49	Kingman	7	18	5	7	12	7	13	5	15	7	8	7	....	....	....	....	....	111	211	265	149	.....	81	135	49
50	Kiowa	....	6	4	6	1	2	2	4	3	4	2	4	2	....	....	....	....	40	.....	.....	.....	.....	.....	75	50
51	Labette	35	41	50	27	28	18	12	26	17	17	22	7	....	5	....	5	12	299	384	177	138	78	152	467	51
52	Lane	2	4	2	1	1	4	2	1	....	1	....	....	....	....	....	....	....	18	.....	54	28	28	19	22	52

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53	Leavenworth	41	36	45	31	39	38	47	47	51	48	35	40	....	12	....	37	29	496	.....	73	20	8	210	425	53
54	Lincoln	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	210	156	136	.....	68	133	54
55	Linn	1	3	5	6	6	9	7	4	9	11	8	10	1	2	....	....	....	80	.....	.....	.....	.....	.....	.....	55
57	Lyon	2	6	14	10	4	19	19	15	10	7	9	7	....	....	....	....	....	122	111	194	39	40	.....	231	57
58	Marion	33	20	14	11	22	20	21	19	18	7	4	1	....	....	....	1	3	185	.....	183	242	248	323	169	58
59	Marshall	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	271	307	345	.....	263	117	59
60	McPherson	28	25	35	26	31	29	35	27	29	25	31	31	....	5	....	..	....	352	.....	106	170	133	137	386	60
61	Meade	2	1	3	....	....	2	2	1	4	3	1	2	....	....	....	....	....	21	.....	.....	24	.....	15	20	61
62	Miami	3	2	5	5	5	7	2	2	2	8	6	4	....	....	....	....	....	51	133	134	118	43	95	25	62
63	Mitchell	20	19	21	20	16	25	24	20	18	19	20	25	....	8	....	4	10	247	203	.....	.....	.....	76	232	63
64	Montgomery	28	13	20	9	10	8	40	6	78	51	15	15	....	8	....	4	5	293	.....	238	168	177	180	289	64
65	Morris	....	....	....	....	....	....	....	....	3	12	8	5	....	....	....	....	....	28	.....	.....	.....	.....	.....	.....	65
66	Morton	1	2	....	2	1	1	....	1	2	1	1	1	14	....	....	....	....	27	.....	.....	.....	.....	.....	10	66
67	Nemaha	18	19	16	16	16	15	16	12	20	21	9	2	....	2	....	3	2	180	245	298	139	169	224	213	67
68	Neosho	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....	29	11	.....	.....	162	68
69	Ness	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....	.....	88	33	10	75	69
70	Norton	7	17	4	9	5	9	7	7	6	3	14	5	....	2	....	....	....	93	71	58	55	.....	.....	109	70
71	Osage	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	373	275	178	182	98	199	71
72	Osborne	11	13	27	6	5	8	6	....	7	9	5	2	....	....	....	1	1	99	.....	211	176	136	120	197	72
73	Ottawa	18	10	11	15	15	11	13	12	11	9	12	19	....	....	....	1	4	156	.....	.....	.....	.....	125	168	73
74	Pawnee	2	6	2	4	5	4	9	3	4	3	5	6	....	....	....	....	....	53	.....	44	.....	.....	16	61	74
75	Phillips	9	10	9	9	8	11	8	10	16	15	16	15	....	4	....	2	4	136	93	97	103	49	20	106	75
76	Pottawatomie	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	192	194	210	128	23	53	76
77	Pratt	11	13	12	12	8	9	9	10	3	4	2	15	....	....	....	....	....	108	.....	120	95	.....	114	150	77
78	Rawlins	2	8	7	7	3	4	4	6	3	....	5	4	....	....	....	....	....	53	35	76	18	31	8	25	78
79	Reno	....	....	....	....	....	....	....	....	....	....	....	....	300	8	....	....	....	300	.....	.....	.....	.....	184	449	79
80	Republic	33	27	23	29	20	30	19	28	27	34	34	33	....	12	....	1	....	337	.....	3	.....	3	.....	286	80
81	Rice	26	25	16	21	13	13	36	24	29	33	16	17	....	2	....	1	....	269	.....	.....	.....	.....	.....	286	81
82	Riley	5	3	2	4	2	6	8	4	8	6	5	6	....	....	....	....	....	59	.....	.....	.....	.....	.....	55	82
83	Rooks	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	220	.....	48	.....	43	33	83
84	Rush	6	1	1	18	4	1	1	1	5	....	....	5	....	....	....	....	....	43	.....	26	.....	.....	.....	38	84
85	Russell	2	3	5	6	3	4	2	5	7	8	6	6	....	....	....	....	....	57	118	63	40	.....	.....	38	85
86	Saline	17	13	22	17	9	8	14	13	18	16	20	19	....	4	1	....	....	186	.....	169	.....	.....	100	250	86
87	Scott	1	3	2	1	4	2	5	4	2	3	2	4	....	....	....	....	....	33	.....	.....	30	.....	21	.....	87
88	Sedgwick	48	45	52	36	27	43	51	31	43	43	36	18	....	7	....	17	11	473	.....	181	428	.....	178	491	88
89	Seward	2	2	1	....	1	....	2	2	1	3	2	2	....	....	....	....	....	18	.....	.....	.....	.....	.....	25	89
90	Shawnee	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	475	442	372	231	193	466	90
91	Sheridan	6	6	2	6	3	6	4	3	3	3	3	3	....	....	....	1	1	48	.....	18	.....	29	20	33	91
92	Sherman	5	7	7	3	6	8	7	4	7	7	6	8	....	....	....	....	....	75	16	56	88	67	53	45	92
93	Smith	6	9	11	12	18	10	14	19	21	7	16	16	....	4	....	....	....	159	.....	.....	.....	.....	111	140	93
96	Stevens	3	1	2	3	4	2	3	2	1	3	1	1	....	....	....	....	....	26	.....	11	15	.....	34	57	96
97	Sumner	17	19	13	27	40	33	37	37	13	1	1	2	....	1	....	....	....	240	.....	.....	.....	.....	.....	.....	97
98	Thomas	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	57	150	79	79	78	87	98
100	Wabaunsee	23	21	12	14	17	12	12	9	3	6	3	6	10	5	....	....	1	148	91	188	103	196	60	154	100
101	Wallace	1	4	2	3	2	8	3	1	....	4	....	4	....	1	....	....	....	32	29	.....	.....	.....	1	23	101
102	Washingto	37	30	43	14	31	25	30	24	35	32	26	24	....	7	....	....	7	351	115	48	.....	.....	18	417	102
103	Wichita	....	....	2	1	1	2	2	3	4	5	....	....	....	....	....	....	....	20	25	67	76	.....	39	26	103
104	Wilson	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	280	226	162	71	57	155	104
105	Woodson	15	1	3	5	9	12	6	15	14	20	4	2	....	....	....	2	2	106	193	169	69	.....	33	75	105
106	Wyandotte	75	50	48	44	30	45	55	51	60	57	57	51	....	....	....	....	....	623	.....	.....	2	.....	.....	792	106
	Totals	867	826	848	757	725	785	918	794	976	876	742	719	339	128	11	89	105	10,172	6,536	7,593	6,145	3,438	4,865	13,653	

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TABLE II.—RETURN OF THE REGISTRATION OF DEATHS FOR THE YEAR 1893.

COUNTIES.	County number	Childbirth	Croup	Cancer	Cyanosis	Chorea	Convulsions	Cerebro-spinal fever	Colic	Cholera infantum	Cholera morbus	Congestive fever	Brain, diseases of	Bronchocele	Bright's disease	Bronchitis	Bowels, diseases of	Bladder, diseases of	Atrophy	Acites	Addison's disease	Appendicitis	Abortion	Angina pectoris	Aneurism	Asthma	Anemia	Apoplexy	Alcoholism	Accidental	Abscess
Atchison	3	2	17	7			1			9	1		7		2	3	2		1							4		2	7	2
Barber	4			1						2	1		4		5		3									1		1		
Brown	7			2						1																		1		
Butler	8	1		1			1			4			3			3	2												1	1
Cherokee	11																													
Clark	13																												2	
Clay	14			3			1	3		10			2		1	3										1		1	12	
Cowley	18			8			3						8		2											1				
Crawford	19			6			7			13		2	4			7	55												24	
Decatur	20				4		1			7	1				4	1	1													
Dickinson	21	2	3	2						1			2				2			2	1							1	8	
Douglas	23																4									1				
Edwards	24	1		4					1	2																			1	
Elk	25									6			1		1	1													3	
Ellis	26	2	2	2			1						1			5														
Finney	28												1			1	3													
Ford	29	1	1	1			2			1			1		2			1											3	
Franklin	30	1	1	3			3			3			4		2	2	3												4	
Geary	32	1	2	1			1			5			3			1										1		1	3	
Graham	34								1								2												1	
Gray	36																2													
Greeley	37									10			2				2												1	
Greenwood	38									18			6			10														
Harper	40	1	5	1			1			8			1			3	6		1										3	
Harvey	41		1						1				4				1													
Haskell	42						1																							
Jefferson	45	2	1	2						2			3																1	
Jewell	46	1	1	1			4			16	1		4		5	1	1												2	
Johnson	47	5					1			6					1	3														
Kearny	48												2		1															
Kingman	49		4	2						1			1		1	1														
Kiowa	50									1			1		1	2														
Labette	51	2	2	4			4			17			4		8	1	2													
Lane	52									2																				
Leavenworth	53		8	7	1		12			18	5		7		8	13	1					1				10	5		18	
Linn	55	2	1	1																										
Lyon	57	1	4	6						3			4			2										1		1	5	
ber																														

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58	Marion		1												1			4		2			4			1			6			58
60	McPherson		3														5													1	60
61	Meade																						1						2			61
62	Miami				2																								2	1		62
63	Mitchell		6		6					1							2	3			1	9			3		6	5	1		63
64	Montgomery		7		1													7		2		7			1			8	3		64
65	Morris																															65
66	Morton																															66
67	Nemaha				1											1	1			1		1	2		1			2	1		67
70	Norton		2														3														70
72	Osborne		1													1	1			2		1						1	1	1	72
73	Ottawa		1														1				1					3	1	4			73
74	Pawnee							1	1											2											74
75	Phillips		3				1									4	4	2		2		6						2	6		75
77	Pratt		1						1							1	1			2		13							2		77
78	Rawlins		1		2															1											78
79	Reno		12		3											3	7	5				17			2		1	9	12		79
80	Republic	2	4		1											1	7	4				12			5			1			80
81	Rice		5		2					1					1	4	5	2			1	1						4	2		81
82	Riley		2		1												2			1											82
84	Rush											1										1									84
85	Russell		3															1		1	1	2						1	2		85
86	Saline		3		2	1				1						3		5		3		2			13					1	86
87	Scott																															87
88	Sedgwick		8		2			1								1	3			1		19						5	2		88
89	Seward		1															1											1		89
91	Sheridan		1													1		2				2			1						91
92	Sherman		2													3		2		1		2									92
93	Smith	1	1	1																3		4			3			3			93
95	Stanton																															95
96	Stevens																					1									96
97	Sumner																															97
100	Wabaunsee	1	2	1	1											1		3		5		5			5			3	2	1	100
101	Wallace				1											1				1		1									101
102	Washington		5		5	2											4	2		2		15			2	1	1	5			102
103	Wichita																															103
105	Woodson	1	5	1													2	3				5							2		105
106	Wyandotte		15													2													24		106
	Totals	15	210	4	61	9	26		4	3	3	1	4	2	4	119	101	90		108	3	14	278	6	3	82	4	14	120	120	38	

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TABLE II.—RETURN OF THE REGISTRATION OF DEATHS FOR THE YEAR 1893—CONTINUED.

County number	COUNTIES.	Catarrh	Caries	Consumption	Catarrhal fever	Continued fever	Cystitis	Cirrhosis	Carbuncle	Dysentery	Delirium tremens	Diarrhœa	Diphtheria	Diabetes	Dyspepsia	Dentition	Debility	Dropsy	Exhaustion	Eclampsia	Emphysema	Erysipelas	Enteric fever	Epistaxis	Epilepsy	Eczema	Enteritis	Embolism	Flooding	Fractures	Gout	County number
3	Atchison	....	....	19	....	....	....	....	....	....	....	3	3	....	1	....	9	14	....	1	....	....	....	....	....	....	....	....	....	....	....	3
4	Barber	....	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	1	1	....	....	1	....	....	....	....	....	....	....	....	....	4
7	Brown	....	....	2	....	....	....	1	....	....	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	7
8	Butler	....	....	1	....	....	....	....	....	....	....	1	....	1	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	8
11	Cherokee	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	11
13	Clark	....	....	1	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	13
14	Clay	....	....	13	....	....	....	1	1	2	....	1	6	....	1	2	3	2	....	....	....	1	2	....	....	....	1	11	....	....	....	14
18	Cowley	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	18
19	Crawford	....	....	23	1	....	....	....	....	....	....	....	14	....	....	....	....	16	....	....	....	....	....	....	....	5	....	....	....	....	....	19
20	Decatur	1	....	2	....	....	....	....	....	....	....	1	5	....	....	....	....	1	....	....	....	....	....	....	....	....	....	1	....	....	....	20
21	Dickinson	....	....	19	2	....	....	....	....	....	....	2	14	....	....	....	....	1	....	....	....	....	....	....	....	....	2	....	....	....	....	21
23	Douglas	....	....	17	....	....	1	....	....	....	....	2	2	1	....	....	....	....	....	....	1	....	....	....	....	....	1	....	....	1	....	23
24	Edwards	....	....	5	....	....	....	....	....	....	....	....	....	1	....	....	....	2	....	....	....	1	....	....	....	....	....	....	....	....	....	24
25	Elk	....	....	7	....	1	....	....	....	....	....	3	....	....	....	....	....	2	....	....	....	....	....	....	....	....	1	....	....	....	....	25
26	Ellis	....	....	7	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	26
28	Finney	....	....	6	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	28
29	Ford	....	....	8	....	....	....	....	....	....	....	2	....	1	....	2	5	....	....	....	....	....	....	....	2	....	....	....	....	....	....	29
30	Franklin	....	....	13	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	30
32	Geary	....	....	7	....	....	....	....	....	2	....	2	....	1	....	1	....	5	....	....	....	....	....	....	....	....	....	....	....	....	....	32
34	Graham	....	....	5	4	....	....	....	....	2	....	....	....	5	....	....	....	....	....	1	....	1	....	....	1	....	1	....	....	....	....	....	34
36	Gray	....	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	36
37	Greeley	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	37
38	Greenwood	....	....	2	....	....	....	....	....	10	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	38
40	Harper	....	....	4	....	3	....	....	....	....	....	1	3	....	....	....	3	....	....	....	....	....	....	....	....	....	....	....	....	1	....	40
41	Harvey	....	....	4	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	41
42	Haskell	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	42
45	Jefferson	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	45
46	Jewell	....	....	11	....	....	....	....	....	....	....	1	4	....	1	....	....	6	....	....	1	1	3	....	....	....	4	....	....	....	....	46
47	Johnson	....	....	6	....	....	....	....	1	....	....	1	1	2	1	....	....	....	....	1	....	1	3	....	....	....	3	....	....	....	....	47
48	Kearny	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	48
49	Kingman	1	....	2	....	....	....	....	....	2	....	2	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	1	....	49
50	Kiowa	....	....	2	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	50
51	Labette	....	....	28	1	....	....	....	....	....	....	2	4	1	1	....	....	5	....	....	....	....	....	....	....	....	....	....	....	....	....	51
52	Lane	....	....	3	....	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	52
53	Leavenworth	....	....	37	....	....	1	....	....	1	....	4	11	1	2	....	1	11	....	2	....	....	....	....	2	....	3	....	....	....	....	53
55	Linn	....	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	55
57	Lyon	....	....	21	....	....	....	....	....	....	....	4	....	....	....	1	....	3	....	....	....	....	....	....	....	....	....	....	....	....	....	57

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58	Marion	....	....	4	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	....	4	....	....	....	2	....	1	....	....	58
60	McPherson	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	3	....	....	....	....	....	....	....	....	....	....	....	....	....	60
61	Meade	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....	....	....	....	61
62	Miami	....	....	1	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	62
63	Mitchell	....	....	22	....	....	....	....	....	2	....	....	1	2	....	1	1	2	....	....	....	5	....	....	....	....	....	....	....	....	63
64	Montgomery	....	....	27	....	....	....	....	....	6	....	....	1	....	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....	....	64
65	Morris	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	65
66	Morton	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	66
67	Nemaha	....	....	2	....	....	....	....	....	2	....	1	....	....	....	....	....	1	....	....	1	....	....	....	....	2	1	....	....	....	67
70	Norton	....	....	....	....	....	....	....	....	....	....	2	....	....	1	....	....	5	....	....	....	....	....	....	....	....	....	....	....	....	70
72	Osborne	....	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	72
73	Ottawa	....	....	7	3	....	....	....	....	....	....	....	1	....	....	....	1	....	....	....	....	....	....	1	....	....	....	....	....	....	73
74	Pawnee	....	....	4	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	74
75	Phillips	....	....	12	....	....	....	....	....	....	....	....	2	....	....	....	1	8	....	....	....	....	....	....	....	....	....	....	....	....	75
77	Pratt	....	....	8	....	....	....	....	....	3	....	....	1	....	....	....	....	....	....	....	1	....	....	....	....	2	....	....	....	....	77
78	Rawlins	....	....	3	....	....	....	....	....	1	....	4	10	....	....	....	....	8	....	....	....	....	....	1	....	....	....	....	....	....	78
79	Reno	....	....	25	....	....	....	....	....	1	....	....	4	....	....	....	....	3	....	....	....	....	....	....	....	....	....	....	....	....	79
80	Republic	....	....	18	....	....	....	....	....	....	....	....	....	2	6	....	3	....	....	....	....	9	....	....	....	2	....	....	....	....	80
81	Rice	....	....	13	....	....	....	....	....	1	....	5	4	....	....	....	4	2	....	....	....	....	....	....	....	....	....	....	....	....	81
82	Riley	....	....	3	....	....	....	....	....	....	....	....	1	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	82
84	Rush	....	....	3	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	84
85	Russell	....	....	3	....	....	....	....	....	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	....	....	....	....	....	85
86	Saline	....	....	10	....	....	....	....	....	....	....	....	3	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	86
87	Scott	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	87
88	Sedgwick	....	....	15	1	....	1	....	....	....	....	3	....	....	1	....	1	....	....	2	....	....	....	....	....	....	....	....	....	....	88
89	Seward	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	89
91	Sheridan	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	91
92	Sherman	....	....	2	....	....	....	....	....	....	....	....	4	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	92
93	Smith	....	....	5	....	....	....	....	....	....	....	....	....	1	1	1	....	2	....	....	....	7	....	....	....	....	....	....	....	....	93
95	Stanton	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	95
96	Stevens	....	....	3	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	96
97	Sumner	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	97
100	Wabaunsee	1	....	4	....	....	....	....	....	1	....	....	....	....	....	....	....	5	....	....	....	....	....	....	....	....	....	....	....	....	100
101	Wallace	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	101
102	Washington	....	....	16	....	....	....	1	....	1	....	....	....	2	2	....	....	1	....	1	....	1	4	....	....	....	6	....	....	....	102
103	Wichita	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	103
105	Woodson	....	....	16	....	....	....	....	....	1	....	1	....	....	....	....	....	1	....	....	....	....	....	....	....	2	....	....	....	....	105
106	Wyandotte	....	....	62	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	106
	Totals	4	....	579	14	5	5	3	1	40	....	52	108	23	21	10	38	120	1	8	2	10	34	1	8	6	34	13	2	3	....	

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TABLE II.—RETURN OF THE REGISTRATION OF DEATHS FOR THE YEAR 1883—CONTINUED.

	County number	Ovaries, diseases of	Old age	Nervous system, diseases of	Neuralgia	Menstruation, disorders of	Measles	Mumps	Meningitis	Malaria	Marasmus	Miscarriage	Murder	Laryngitis	Lung, abscess of	Liver, disease of	Kidney, disease of	Jaundice	Insanity	Intussusception	Influenza	Intermittent fever	Hemorrhage	Heart, diseases of	Hydrocephatis	Hernia	Hydrophobia	Gastritis	Gunshot	Gangrene	Gall stones
3	Atchison		13							2	1				3		1		1		1		1	16					3	
4	Barber		3						1			2										1		2			1				
7	Brown										1			1										1							
8	Butler		1			1			1	1						2				1				1		1		1			
11	Cherokee																														
13	Clark																														
14	Clay		10		6				6			6		1		1	2				4		1	4					2		
18	Cowley									26																					
19	Crawford		16				2							11			5				5			20							
20	Decatur		1			1			3	9	1	1				1		1		1	1			8							
21	Dickinson		9				2					1				1	2			1	1			4							
23	Douglas		3							3		1	1			1								2							
24	Edwards		2							2														2							
25	Elk		5		1												1				1										
26	Ellis		1								1			1							1										
28	Finney		11											1							7										
29	Ford		6		1									1		1					1										
30	Franklin		9		1		1			4					5	1					1			2							
32	Geary		2														1				1										
34	Graham		2									2									1			1							
36	Gray		6						1						10	7	3			1	17			6							
37	Greeley		2		1					1		2			4	2	2				3		1								
38	Greenwood		1									3			1		1				1			1							
40	Harper		5		1										1	1	1				9		1	2							
41	Harvey		1																		2										
42	Haskell		1																		1										
45	Jefferson		1																												
46	Jewell		6		1					1											9		1	9							
47	Johnson		2																		2		2	5							
48	Kearny		1											1																	
49	Kingman		2		3																		2								
50	Kiowa		1							1					1						1			1							
51	Labette		16		4										1						12			6							
52	Lane								4			4		1							1		2	1							
53	Leavenworth		20							2		10		2	4	3	4	1	2		8		3	26	1		1	3	2		
55	Linn		8												2		1				6		1	3							
57	Lyon															2															

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58	Marion	....	....	....	....	....	....	....	8	....	....	2	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	4	....	58
60	McPherson	....	....	1	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	60
61	Meade	....	....	....	....	....	....	....	2	....	....	1	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	61
62	Miami	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	4	1	....	....	....	....	....	....	62
63	Mitchell	1	....	....	....	....	....	....	10	....	....	7	1	....	1	2	....	....	....	1	10	....	....	3	....	7	....	....	....	....	63
64	Montgomery	....	....	1	4	....	....	1	7	....	....	3	1	....	....	....	....	....	....	....	....	....	2	4	....	....	....	....	6	....	64
65	Morris	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	65
66	Morton	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	66
67	Nemaha	....	....	....	....	....	1	....	5	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	1	....	67
70	Norton	....	....	....	....	....	....	....	3	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	70
72	Osborne	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	1	....	....	....	1	....	1	....	....	....	....	1	....	72
73	Ottawa	....	....	2	....	....	....	....	1	....	....	....	3	....	....	1	1	....	....	....	....	....	1	3	....	1	....	....	....	....	73
74	Pawnee	....	....	....	....	....	....	....	2	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	74
75	Phillips	....	....	....	....	....	....	....	6	1	1	4	....	....	....	....	....	....	....	....	2	....	2	....	....	....	1	....	....	....	75
77	Pratt	....	....	....	....	....	....	....	2	1	....	....	1	....	....	....	....	....	....	....	....	....	1	1	....	1	....	2	....	....	77
78	Rawlins	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	78
79	Reno	....	....	....	....	....	....	....	9	....	....	6	....	1	....	....	....	2	....	....	3	....	....	12	....	1	....	....	8	....	79
80	Republic	....	....	....	....	....	....	....	11	....	....	3	....	....	1	1	....	....	....	1	7	....	....	6	....	3	....	....	10	....	80
81	Rice	....	....	....	....	1	....	....	12	1	....	3	....	....	....	1	....	1	....	....	3	....	....	3	1	1	....	....	....	9	81
82	Riley	....	....	....	2	....	....	....	3	....	....	2	1	....	....	....	....	....	....	....	....	....	1	1	....	....	....	....	1	....	82
84	Rush	....	1	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	84
85	Russell	....	....	....	1	....	....	....	4	1	....	2	....	....	....	....	....	....	....	....	3	....	....	....	....	1	....	....	1	....	85
86	Saline	....	....	....	....	....	2	....	6	1	....	3	....	....	....	....	....	....	1	....	....	....	....	....	....	2	....	....	1	....	86
87	Scott	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	87
88	Sedgwick	....	1	2	2	....	....	1	9	2	....	8	1	....	....	6	1	1	2	....	4	4	5	6	....	....	....	....	6	....	88
89	Seward	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	89
91	Sheridan	....	....	....	1	....	....	....	1	....	....	....	....	....	1	1	....	2	1	....	....	....	....	1	....	....	....	....	....	....	91
92	Sherman	....	....	....	2	....	....	....	2	1	....	5	....	1	....	....	....	....	....	....	....	....	....	1	....	....	....	....	2	....	92
93	Smith	....	....	....	....	....	....	....	....	....	....	11	....	....	1	....	....	....	....	....	1	....	....	....	....	....	....	....	1	....	93
95	Stanton	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	1	....	95
96	Stevens	....	....	....	....	....	....	....	7	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	9	....	96
97	Sumner	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	97
100	Wabaunsee	....	....	....	....	....	....	....	....	....	....	4	....	....	....	....	....	....	....	....	....	....	2	....	....	1	....	....	....	....	100
101	Wallace	....	....	....	2	....	1	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	101
102	Washington	....	....	....	....	....	....	....	11	....	....	15	....	....	2	....	1	....	....	1	6	....	1	6	....	3	....	....	7	7	....	102
103	Wichita	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	103
105	Woodson	....	....	....	....	....	....	....	4	....	....	3	....	....	....	3	....	....	....	2	1	....	1	1	....	....	....	....	2	....	105
106	Wyandotte	....	....	....	....	....	....	....	2	....	....	....	....	....	....	2	....	4	3	....	13	....	....	11	....	6	....	....	1	17	....	106
	Totals	1	7	19	21	3	11	7	302	33	4	176	19	5	11	41	30	42	27	7	85	12	80	105	2	40	....	5	23	239	10	

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TABLE II.—RETURN OF THE REGISTRATION OF DEATHS FOR THE YEAR 1893—CONTINUED.

COUNTIES.	County number	Whooping cough	Urinary disease	Uremia	Uterus, diseases of	Ulcer	Unknown	Tabes mesenterica	Typhoid fever	Tumor	Tetanus	Thrush	Scrofula	Scarlet fever	Syphilis	Stillborn	Spine, diseases of	Suicide	Sunstroke	Stomach, diseases of	Septicemia	Remittent fever	Rheumatism	Poison	Pleurisy	Peritonitis	Pneumonia	Paralysis	Pyemia	Puerperal fever
	3 4 7 8 10 13 14 18 19 20 21 23 24 25 26 29 30 32 34 36 37 38 40 41 42 45 46 47 48 49 50 51 52 53 55 57																													
Atchison	3	3					46		9							4	4						2			12	8	2	
Barber	4						5		2																	5	2	2	
Brown	7								1								1				2	1		1			1		
Butler	8		1				4		6					5							2				1	3	2		
Chautauqua	10						21		4							4		2								11		10	
Clark	13						1		1																				
Clay	14			2			20	1					3	2				1		5	6	2				24			
Cowley	18																												
Crawford	19	2					31		30							6	7					1				25	15	10	
Decatur	20						11		3					4		2	1	2		1	1					7	3	2	1
Dickinson	21						19		8	1	1									1	2					28	3	8	
Douglas	23						5	2	2																	7	3		
Edwards	24																									5	1		
Elk	25								3								1			1	2	2				6	2		
Ellis	26			2										19			1	1			2	1						1	
Finney	28						4		1	2											1	1				1	1		
Ford	29						3		3					1		8				1	6					1	14		
Franklin	30								11	2						3					1		1			14	3		
Geary	32						15		5					1				1		1						4	3		
Graham	34						1		3													1				4	2		
Gray	36						3		2												1	2				4	1		
Greeley	37								1													1				1			
Greenwood	38								12													1				6			
Harper	40	1					3		7							3					1	1				8	4		
Harvey	41						3		5									1			2	1				6	3		
Haskell	42																						1			2			
Jefferson	45								1								1						1			1			
Jewell	46	2					72		8					5		12				2		2				24	4		
Johnson	47						18		3	3								1		2	2		1			1			
Kearny	48						5		3								1		1							3			
Kingman	49						1		6					2		1										2	2		
Kiowa	50	2								1																1			
Labette	51	2	1	2			21		32					2		12				4	2					28	4		
Lane	52	1					2															1				2			
Leavenworth	53	14		2			29		8	1						6		9	1	2			1			6	1		
Linn	55	1					8		4	1													1			3			
Lyon	57								7																	9			
	County number																												

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58	Marion	2	....	....	5	2	....	....	1	2	1	4	....	....	1	....	....	1	....	....	....	....	....	....	9	....	....	....	....	....	58
60	McPherson	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	99	....	1	....	....	....	60
61	Meade	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	61
62	Miami	....	....	2	3	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	3	....	2	....	....	....	....	1	62
63	Mitchell	2	....	....	15	8	....	....	....	3	....	1	....	1	....	....	....	9	2	....	....	....	....	....	9	....	....	....	1	....	63
64	Montgomery	1	....	7	23	6	....	....	....	....	....	....	....	....	1	....	....	....	....	....	2	....	14	....	26	....	....	....	....	5	64
65	Morris	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	65
66	Morton	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	66
67	Nemaha	....	....	3	7	1	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	1	....	....	67
70	Norton	....	....	1	8	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	2	....	....	70
72	Osborne	....	....	1	4	....	....	....	1	....	....	....	....	....	....	....	....	2	....	....	....	....	1	....	3	....	....	....	....	....	72
73	Ottawa	....	....	3	5	....	....	....	....	....	1	2	....	....	....	....	....	....	....	....	....	....	7	....	4	....	....	....	....	4	73
74	Pawnee	....	....	1	....	1	....	1	....	....	1	....	....	....	1	1	....	2	....	....	....	....	3	....	4	....	....	....	....	....	74
75	Phillips	1	2	4	19	....	....	1	1	....	....	1	....	....	....	....	....	5	....	....	....	....	2	....	7	....	....	....	....	....	75
77	Pratt	....	2	....	7	1	....	....	2	....	....	....	1	....	....	....	....	1	1	1	....	....	13	....	20	....	....	....	....	....	77
78	Rawlins	....	....	....	5	....	....	....	1	....	....	....	....	....	....	....	....	3	....	....	....	....	....	....	1	....	....	....	....	....	78
79	Reno	8	1	2	11	....	....	1	4	9	....	....	....	....	....	4	....	7	....	....	....	....	14	....	24	....	....	....	....	....	79
80	Republic	4	....	....	20	5	1	....	....	....	....	2	....	1	1	....	1	2	....	....	....	....	....	1	6	....	....	....	1	3	80
81	Rice	1	....	4	6	....	1	....	3	2	....	3	....	1	....	....	....	4	....	....	....	1	11	....	12	1	....	....	....	....	81
82	Riley	....	....	3	6	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	82
84	Rush	....	....	1	2	....	....	....	1	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	....	....	....	....	1	84
85	Russell	2	1	1	5	....	....	....	2	2	....	....	....	1	....	3	....	3	....	....	....	....	1	....	1	....	....	....	....	....	85
86	Saline	1	1	3	9	4	....	....	....	....	....	....	....	....	3	....	....	....	1	....	1	....	1	....	1	....	....	....	....	....	86
87	Scott	....	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	3	....	....	....	1	....	87
88	Sedgwick	....	....	1	14	3	1	....	2	....	2	....	....	2	....	....	1	1	....	....	1	....	7	....	15	....	....	....	....	1	88
89	Seward	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	4	....	....	....	....	....	....	3	....	....	....	....	....	89
91	Sheridan	....	....	2	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	91
92	Sherman	1	....	....	2	2	....	2	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	4	....	....	....	....	....	92
93	Smith	....	....	1	14	....	....	....	....	....	1	3	....	....	....	....	....	3	....	....	....	....	....	....	8	....	....	....	....	....	93
95	Stanton	....	....	....	1	....	....	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	....	8	....	....	....	....	....	95
96	Stevens	....	....	....	....	1	2	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	3	....	....	....	....	....	96
97	Sumner	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	97
100	Wabaunsee	....	....	1	16	....	....	....	2	....	....	....	....	1	2	1	....	1	....	....	....	....	....	....	9	....	....	1	....	....	100
101	Wallace	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	101
102	Washington	2	....	....	16	4	....	....	1	1	4	3	....	4	1	....	....	6	1	....	....	1	....	1	20	....	....	1	1	3	102
103	Wichita	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	4	....	....	....	....	....	103
105	Woodson	....	....	1	....	....	....	....	....	1	....	....	....	1	....	3	....	2	....	....	....	....	4	....	....	....	....	....	....	1	105
106	Wyandotte	3	3	6	66	11	2	1	2	....	12	....	2	4	5	37	1	12	....	....	2	2	15	....	87	....	....	1	....	5	106
	Totals	51	47	119	586	82	11	12	37	38	33	54	5	36	31	100	3	109	9	1	8	12	284	5	754	1	3	16	5	59	

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TABLE II.—RETURN OF THE REGISTRATION OF DEATHS FOR THE YEAR 1893—CONTINUED.

County number	COUNTIES	SEX.			COLOR.			NATIVITY.				SOCIAL CONDITION.					AGES.												County number
		Male	Female	Not stated	White	Colored	Not stated	Kansas	United States	Foreign	Not stated	Single	Married	Widower	Widow	Not stated	Under 1 year	Between 1 and 5 yrs.	5–10 years	10–15 years	15–20 years	20–30 years	30–40 years	40–50 years	50–60 years	60–70 years	70–80 years	80–90 years	Over 90 years	Not stated	
3	Atchison	136	116	22	196	66	13		60	12	202	81	35	8	8	147	20	37	14	6	10	17	20	27	16	30	22	12	2	41	3
4	Barber	25	20	9	49		5	16			38	17	17	2	1	26	11	8	8	4	1	6	10	5	10	3	4	4	1	4	4
7	Brown	11	10		21				17	3	1	8	9	2	1		3	3				2	2	1	2	4	1				
8	Butler	38	25		62	1		36	24	3		11	21	1	2		16	5	2	3	6	9	5	2	6	2	4	1		1	8
10	Chautauqua	64	40	7	96	5					101		6		1		19	11	4	3	4	5	6	2	2	10	6	7	1	14	10
12	Cheyenne	8	10	4	15		7	5	8	2	10	12					1	2	1	1	3		2	1		2	1			6	12
13	Clark	7	4	4	13		3	4	2		8	7					4	1					3								13
14	Clay	58	61	79	107	1	90	22	68	22	106	34	48	7	4	106	4	8	1	1	4	6	14	9	15	11	9	1	4	15	14
18	Cowley	161	174	79	364	6	26				414					414	88	33	16	11	40	40	47	30	30	31	9	1	7	17	18
19	Crawford	203	194	81	396	12	17	12			415				2	160	73	96	15	12	11	14	45	19	27	27	17	14	4	37	19
20	Decatur	26	20	7	47		6	8		1	27		5	2	1	28	11	11	4	3	3	8	2	3	2	4	3	1	2	2	20
21	Dickinson	78	121	14	208	2	17		106	14	94	64	48	3	2	89	22	26	4	2	1	3	14	26	10	22	14	7	1	1	14	21
23	Douglas	41	26		49	1	1		60	6		25	25	7	3	1	10	4				3	8	10	3	14	11	2	1	1	6	23
24	Edwards	14	17	4	34	1		11	17	6	2	15	15	3	3	2	8	2	1	1	1	2	7	2	4	2	2	2		6	24
25	Elk	33	29		66	1		11	46	8	2	27	32	2	3	2	7	2	1	1	1	2	4	2	3	1	2	2	1	2	25
26	Ellis	23	24		46			21	23	3		26	15	3	1		7	1	1	1	1	1	4	1	1	1	1	1	1	1	26
28	Finney	21	8	1	29	1		7	23		1	13	15	3	1		7	1	1	1	1	1	2	1	1	2	1	1	1	5	28
29	Ford	31	21	1	53			15	33	2	3	41	26	1	1	2	10	4	2	1	1	1	9	5	5	5	7	1	1	7	29
30	Franklin	53	46	5	100	5	1		101	4	1		55		3	6	27	5	3	1	2	6	6	10	4	3	7	8	2			30
32	Geary	58	39	13	6	104		9	34	6	104	24	1		1	6	29	5	2	2	2	6	12	5	4	15	12	9	2		1	32
34	Graham	26	26		34	10	2	9	34		8	16	16		1	5	16	1	1	1	5	5	5	2	4	3	4	2	1			34
36	Gray	10	15		25			1	23	1		10	11	2	1	2	6	1	1	1	3	1	2	2	2	3	1			1		36
37	Greeley	3	5		8			4	3	1		5	2	1	2		1			1	1	1	1	1	1	1						37
40	Harper	84	46	8	108	2		46	40	1	11	67	18	2	2	26	6	1	1	3	1	1	7	3	5	1	10	1		1		40
41	Harvey	17	25		40	2		11	28	8		14	20	6	3		8	4	2	2	2	2	3	1	3	5	3	1				41
42	Haskell	2	7		9			6	2		1		4		1	4	2	1			1	2	2				1	1				42
45	Jefferson	48	36	8	51	41	9	28	11	7	72	14	4	3	2	2	6	2	1	1	1	2	3	1	2	2	1	1		72		45
46	Jewell	74	74	34	174		8	28	157	7	15	71	34	3	2	73	27	18	8	2	1	1	2	1	2	2	1	1		15		46
47	Johnson	40	46		90	4	1	35	46	14		46	30	4	9	6	14	7	2	1	4	7	8	4	3	1	2	1		3		47
48	Kearny		2		2				2				1			1															48
49	Kingman	22	21		42	1		1	42			26	16	1		26	8	4	3	1	2	5	13	1	1	1	1	3				49
50	Kiowa	9	9		18		18	8	10		10	12	8			10	8	1	1		1	1	1	3	1	1						50
51	Labette	110	141		225	28	3	80	70	7	94	129	86	21	15		48	18	20	22	21	44	27	21	12	7	7	2	1	6	51
52	Lane	6	10		18			8	1	1	1	10	6	1	1		7	1				2	2		2	2	2				52
53	Leavenworth	224	194	11	323	93	3	178	125	92	24	288	129	22	26	2	110	92	10	6	17	41	32	15	42	58	34	16	7	3		53
	County number																														

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55	Linn	12	9	1	20	2	....	3	14	2	3	8	11	1	....	....	1	5	....	....	....	....	1	5	1	3	3	....	....	3	55
57	Lyon	52	51	....	101	2	....	32	48	7	16	56	18	12	9	8	13	14	4	3	8	12	6	7	14	6	14	....	2	....	57
58	Marion	39	31	3	71	2	....	3	49	17	4	26	32	5	5	5	6	8	2	1	2	7	4	3	11	10	8	3	....	8	58
60	McPherson	57	58	....	115	....	....	7	55	47	6	54	45	6	8	2	18	18	9	3	3	11	10	11	5	13	10	3	....	1	60
61	Meade	7	4	....	11	....	....	3	7	1	....	4	7	....	....	....	2	1	....	....	....	1	1	1	1	4	....	....	....	....	61
62	Miami	16	8	....	22	2	....	2	20	2	....	7	12	2	....	3	1	3	1	1	2	2	1	2	6	1	2	1	....	1	62
63	Mitchell	93	77	12	176	2	4	70	78	8	26	106	49	5	9	13	51	19	7	9	8	12	8	16	14	16	11	3	2	6	63
64	Montgomery	87	82	16	108	28	49	20	73	9	83	68	45	2	8	62	30	19	8	9	9	22	15	8	13	13	21	4	3	11	64
67	Nemaha	24	22	....	46	....	....	13	24	8	1	17	23	2	1	3	5	6	2	1	....	5	5	3	2	8	6	1	....	2	67
70	Norton	11	15	....	26	....	....	1	24	1	....	3	....	....	....	23	....	3	2	....	1	2	2	4	1	6	1	3	....	1	70
72	Osborne	14	15	....	28	1	....	8	10	9	2	15	7	1	3	3	8	5	2	....	....	2	3	....	2	....	3	2	....	2	72
73	Ottawa	34	29	....	63	....	....	20	37	3	3	27	33	2	....	1	12	7	....	6	1	5	6	8	6	3	7	1	....	1	73
74	Pawnee	10	19	....	27	2	....	6	23	....	....	4	9	16	....	....	2	3	2	....	....	2	4	4	2	6	3	1	....	....	74
75	Phillips	51	71	....	120	2	....	....	....	....	122	....	....	....	....	122	31	13	6	5	8	12	9	3	7	13	14	1	....	....	75
77	Pratt	57	34	5	84	2	10	....	83	....	13	28	28	5	2	33	18	13	7	6	14	10	3	3	5	2	3	....	12	....	77
78	Rawlins	22	20	1	43	....	....	7	27	7	2	29	11	1	....	2	5	8	6	6	2	4	....	3	3	3	3	....	....	....	78
79	Reno	108	106	15	212	2	15	....	....	....	229	....	....	....	....	229	50	30	8	7	7	20	20	17	16	25	10	4	2	13	79
80	Republic	94	72	7	173	....	....	65	82	23	3	94	60	5	5	9	46	25	3	3	4	22	13	10	4	17	15	10	....	1	80
81	Rice	76	67	....	143	....	....	....	135	8	....	52	52	14	12	13	15	7	11	6	5	14	9	16	16	10	22	5	2	5	81
82	Riley	17	16	....	31	2	....	....	16	16	1	13	12	2	3	3	2	4	2	....	2	4	1	2	6	4	4	....	1	1	82
84	Rush	6	10	....	16	....	....	1	11	4	....	3	4	1	1	7	2	4	....	....	....	4	1	....	2	1	1	1	....	....	84
85	Russell	29	24	....	52	1	....	22	27	3	1	28	22	2	1	....	9	7	2	3	1	8	5	2	8	4	2	2	....	....	85
86	Saline	49	37	2	80	6	2	....	....	....	88	34	43	3	4	4	14	6	2	2	6	9	8	6	6	11	5	1	1	11	86
87	Scott	5	3	....	8	....	....	3	4	1	....	5	3	....	....	....	3	1	....	....	1	....	3	....	....	....	....	....	....	....	87
88	Sedgwick	103	78	3	169	11	4	2	152	20	10	102	51	8	12	11	57	12	9	8	5	16	14	11	13	12	7	5	2	13	88
89	Seward	8	5	....	13	....	....	8	5	....	....	9	1	1	2	....	3	3	2	....	....	2	1	....	....	2	....	....	....	....	89
91	Sheridan	12	10	....	22	....	....	11	7	3	1	15	5	1	....	1	8	2	....	2	1	....	1	3	....	1	1	....	....	3	91
92	Sherman	25	18	....	38	....	5	25	12	1	5	22	11	4	1	5	12	12	3	....	....	1	4	3	3	2	2	1	....	....	92
93	Smith	37	41	....	78	....	....	18	29	6	25	44	21	2	1	10	20	18	1	4	6	8	5	3	8	4	....	1	....	....	93
94	Stafford	23	13	8	41	1	2	4	16	10	14	2	8	2	6	26	5	7	4	....	2	4	1	3	4	3	2	1	2	6	94
95	Stanton	7	4	2	13	....	....	7	4	1	1	8	3	....	1	1	5	3	....	....	....	2	....	1	....	1	....	1	....	....	95
96	Stevens	6	5	....	9	2	....	6	5	....	....	9	2	....	....	....	5	1	1	....	....	2	1	1	....	....	....	....	....	....	96
100	Wabaunsee	54	47	1	94	5	3	35	31	35	1	47	34	4	14	3	21	12	1	1	2	8	7	5	8	21	14	2	....	....	100
101	Wallace	3	7	....	8	2	....	4	4	....	2	7	2	....	....	1	3	1	....	....	2	1	....	....	1	1	....	....	1	....	101
102	Washington	100	89	22	173	....	38	1	114	42	54	86	56	10	12	47	50	15	14	3	8	14	20	8	4	18	25	6	2	24	102
103	Wichita	2	....	....	2	....	....	....	2	....	....	....	2	....	....	....	....	....	....	....	....	....	....	2	....	....	....	....	....	....	....	103
105	Woodson	34	32	4	70	....	....	....	40	1	29	11	15	1	4	39	10	7	5	....	....	6	4	....	8	12	11	1	....	6	105
106	Wyandotte	222	194	33	318	86	45	95	193	32	129	251	73	14	17	94	115	50	35	8	13	42	51	51	20	18	20	15	4	7	106
	Totals	3,344	3,070	473	5,920	438	529	1,071	2,647	550	2,619	2,572	1,620	235	264	2,196	1,358	771	326	213	305	671	570	446	479	596	505	200	55	392	

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TABLE II.—RETURN OF THE REGISTRATION OF DEATHS FOR THE YEAR 1893—CONCLUDED.

County number.	COUNTIES.	MONTHS.												Not stated.	Total, 1893.	PREVIOUSLY REPORTED.						County number.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.			1887.	1888.	1889.	1890.	1891.	1892.	
3	Atchison	31	18	14	32	22	3	5	24	19	15	27	28	36	274	101	470	282	37	49	322	3
4	Barber	4	9	6	5	2	3	7	6	3	4	.....	5	.....	54	.....	.....	.....	.....	.....	61	4
7	Brown	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	31	.....	.....	.....	22	36	7
8	Butler	5	2	8	6	3	7	1	5	8	6	3	9	.....	63	94	.....	31	15	14	134	8
9	Chase	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	31	20	9	.....	10	58	9
10	Chautauqua	12	5	7	8	4	6	9	8	16	12	1	13	.....	101	.....	.....	.....	.....	.....	83	10
12	Cheyenne	.....	.....	.....	5	5	1	.....	3	2	.....	2	4	.....	22	.....	.....	13	.....	.....	5	12
13	Clark	.....	1	2	1	1	1	3	3	.....	1	.....	2	.....	15	.....	.....	.....	.....	.....	4	13
14	Clay	19	11	14	12	17	14	17	18	18	8	25	25	.....	198	78	207	147	123	172	237	14
15	Cloud	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	13	10	.....	.....	.....	152	15
16	Coffey	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	30	16	.....	160	4	47	16
17	Comanche	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	10	.....	6	17	11	17
18	Cowley	33	29	38	38	22	25	33	38	51	21	34	47	.....	414	.....	.....	.....	.....	285	370	18
19	Crawford	34	34	35	25	29	27	53	50	49	34	28	26	3	427	202	321	196	357	395	430	19
20	Decatur	2	6	7	1	2	5	5	3	3	6	6	7	.....	53	26	27	11	12	23	37	20
21	Dickinson	19	21	20	27	25	16	12	12	10	13	13	16	9	213	.....	.....	.....	.....	.....	95	21
23	Douglas	.....	.....	.....	1	8	3	6	6	13	6	12	11	.....	66	.....	.....	.....	.....	.....	.....	23
24	Edwards	1	6	2	6	5	4	.....	.....	.....	6	3	2	.....	35	.....	.....	.....	.....	.....	25	24
25	Elk	7	5	5	3	5	2	6	5	7	3	5	13	1	67	.....	.....	.....	.....	.....	39	25
26	Ellis	5	4	12	6	3	1	7	1	1	1	3	.....	2	46	.....	11	9	.....	.....	107	26
27	Ellsworth	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	66	89	74	73	85	108	27
28	Finney	2	1	3	2	2	6	1	4	3	2	2	2	.....	30	.....	32	22	27	29	25	28
29	Ford	3	5	12	1	.....	.....	5	8	5	4	4	6	.....	53	68	84	59	35	37	38	29
30	Franklin	15	13	10	15	2	6	1	1	5	8	3	17	10	106	.....	33	33	27	.....	314	30
31	Garfield	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	5	3	2	3	31
32	Geary	15	10	11	6	4	7	11	13	9	11	6	7	.....	110	61	109	121	92	93	98	32
34	Graham	1	3	4	4	4	.....	4	4	6	4	2	8	.....	46	.....	51	12	.....	16	23	34
36	Gray	2	4	5	1	3	1	2	.....	2	2	1	1	1	25	.....	.....	.....	.....	.....	9	36
37	Greeley	.....	.....	1	.....	1	1	1	1	1	1	1	.....	.....	8	.....	.....	19	13	9	14	37
38	Greenwood	7	4	6	6	8	10	6	10	11	19	18	12	7	124	91	129	.....	49	46	64	38
40	Harper	7	9	12	14	4	11	7	1	9	9	10	11	1	105	.....	.....	.....	.....	.....	56	40
41	Harvey	2	5	10	3	1	5	3	1	2	2	3	5	.....	42	50	40	.....	95	8	37	41
42	Haskell	.....	1	1	2	2	.....	.....	2	1	.....	.....	.....	.....	9	.....	.....	.....	.....	4	.....	42
43	Hodgeman	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	20	17	16	8	.....	11	43
45	Jefferson	6	16	19	5	5	19	3	3	1	7	6	2	.....	92	.....	.....	.....	.....	.....	67	45
46	Jewell	16	17	18	9	16	12	15	12	11	14	18	24	.....	182	69	132	89	108	79	137	46
47	Johnson	12	13	6	11	6	6	5	8	5	7	5	11	.....	95	136	124	68	54	62	89	47
48	Kearny	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	.....	6	7	.....	2	48
49	Kingman	3	4	8	1	2	5	6	2	.....	1	8	3	.....	43	84	62	39	.....	18	45	49
50	Kiowa	2	.....	1	.....	2	2	1	6	3	.....	.....	1	.....	18	.....	1	.....	.....	.....	19	50

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51	Labette	31	33	30	19	10	17	24	17	26	16	22	6	.....	251	182	170	80	73	284	360	51
52	Lane	2	.....	2	.....	.....	4	1	3	3	2	1	.....	.....	18	.....	6	8	28	22	17	52
53	Leavenworth	22	28	29	24	30	34	33	46	40	38	43	39	13	419	.....	37	17	5	168	368	53
54	Lincoln	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	75	77	22	.....	58	89	54
55	Linn	3	1	5	.....	2	2	1	2	.....	.....	4	2	.....	22	.....	.....	.....	.....	.....	.....	55
57	Lyon	1	15	14	12	6	5	11	16	12	2	3	3	3	103	50	71	6	19	.....	156	57
58	Marion	7	4	3	6	.....	9	5	10	7	4	6	8	4	73	.....	39	84	122	160	60	58
59	Marshall	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	188	180	90	.....	157	90	59
60	McPherson	11	16	9	11	6	7	9	7	3	3	10	18	5	115	.....	101	176	39	156	98	60
61	Meade	.....	1	2	1	.....	.....	.....	1	3	2	.....	1	.....	11	.....	.....	8	.....	13	12	61
62	Miami	1	.....	.....	.....	.....	2	1	1	6	2	6	5	.....	24	86	114	161	49	67	74	62
63	Mitchell	22	17	23	13	11	9	14	19	19	6	11	18	.....	182	73	.....	.....	.....	49	138	63
64	Montgomery	21	23	26	15	11	21	16	10	14	8	8	14	8	185	.....	73	40	46	53	269	64
67	Nemaha	5	4	4	3	4	4	3	7	4	3	3	2	.....	46	94	60	57	34	44	59	67
70	Norton	2	3	1	5	2	.....	3	2	1	4	.....	3	.....	26	27	24	28	.....	.....	33	70
71	Osage	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	96	72	60	40	111	72	71
72	Osborne	4	10	.....	1	.....	3	1	1	.....	2	1	.....	6	29	.....	79	96	87	88	78	72
73	Ottawa	3	3	11	5	3	6	1	4	10	6	2	5	4	63	.....	.....	.....	.....	5	65	73
74	Pawnee	.....	2	4	.....	.....	.....	4	.....	1	4	6	6	2	29	.....	23	.....	.....	27	32	74
75	Phillips	5	9	13	12	15	9	13	10	8	10	8	10	.....	122	64	108	87	70	58	117	75
76	Pottawatomie	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	71	103	45	22	3	22	76
77	Pratt	9	16	6	7	7	9	13	5	4	12	5	3	.....	90	.....	26	.....	.....	29	26	77
78	Rawlins	1	2	7	12	2	3	4	1	.....	6	2	3	.....	43	12	27	20	20	8	22	78
79	Reno	28	20	20	21	15	17	13	19	16	15	24	13	8	229	.....	.....	.....	.....	149	189	79
80	Republic	19	21	12	11	16	12	10	22	17	9	12	12	.....	173	.....	.....	.....	.....	.....	170	80
81	Rice	6	16	13	18	4	7	13	9	15	9	8	14	11	143	.....	.....	.....	.....	.....	143	81
82	Riley	3	2	3	.....	2	3	3	2	5	5	2	3	.....	33	.....	.....	.....	.....	.....	35	82
84	Rush	1	1	3	5	.....	1	1	.....	3	1	.....	.....	.....	16	.....	.....	.....	.....	.....	12	84
85	Russell	2	5	6	6	2	4	7	4	3	4	4	6	.....	53	36	.....	.....	42	.....	55	85
86	Saline	9	10	11	5	10	.....	12	9	1	1	3	13	4	88	.....	39	.....	.....	44	121	86
87	Scott	.....	.....	.....	.....	2	1	1	1	1	1	1	.....	.....	8	.....	.....	13	.....	4	.....	87
88	Sedgwick	18	6	19	23	9	21	25	8	24	12	7	7	5	184	.....	49	48	.....	99	60	88
89	Seward	2	3	2	.....	.....	.....	1	1	.....	1	1	2	.....	13	.....	.....	.....	.....	.....	7	89
90	Shawnee	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	188	180	125	260	176	263	90
91	Sheridan	2	2	.....	.....	3	3	1	2	1	3	2	2	1	22	.....	30	.....	9	17	134	91
92	Sherman	5	8	3	6	3	3	4	5	3	1	1	1	.....	43	12	25	28	40	52	35	92
93	Smith	3	1	5	2	1	2	5	10	15	8	12	14	.....	78	.....	.....	.....	.....	93	98	93
94	Stafford	.....	.....	.....	.....	.....	4	7	7	6	12	3	5	.....	44	.....	.....	.....	.....	.....	167	94
95	Stanton	2	1	1	.....	1	2	2	1	.....	.....	1	2	.....	13	.....	.....	1	4	6	1	95
96	Stevens	.....	1	1	2	3	.....	1	1	.....	.....	1	.....	1	11	.....	.....	6	.....	9	7	96
98	Thomas	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	25	73	43	48	24	43	98
100	Wabaunsee	7	19	14	8	3	4	5	13	4	6	6	12	1	102	68	111	105	87	13	65	100
101	Wallace	1	.....	2	2	1	1	.....	2	.....	.....	.....	1	.....	10	.....	.....	.....	.....	5	15	101
102	Washington	16	23	18	17	24	14	19	23	15	13	16	13	.....	211	.....	31	.....	.....	22	197	102
103	Wichita	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	2	18	25	9	.....	11	10	103
104	Wilson	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	112	93	53	.....	15	45	104
105	Woodson	6	9	8	4	4	5	5	6	5	5	7	6	.....	70	78	102	70	21	68	63	105
106	Wyandotte	23	18	37	45	35	27	48	44	31	24	41	56	20	449	.....	.....	.....	.....	.....	371	106
	Totals	569	609	664	577	463	484	580	609	602	477	542	648	166	6,990	3,006	4,208	3,086	2,432	4,031	8,767	

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TABLE III.—RETURN OF THE REGISTRATION OF MARRIAGES FOR THE YEAR 1893.

County number	COUNTIES.	Whole number of marriages	COLOR.			NATIONALITY.						GROUPED AGES.																		County number
			White	Colored	Not reported	American.		Foreign.		Not reported.		Under 20.		20 to 25.		25 to 30.		30 to 40.		40 to 50.		50 to 60.		60 to 70.		70 to 80.		Over 80.		Not reported.		
						Groom.	Bride.	Groom.	Bride.	Groom.	Bride.	Groom.	Bride.	Groom.	Bride.	Groom.	Bride.	Groom.	Bride.	Groom.	Bride.	Groom.	Bride.	Groom.	Bride.	Groom.	Bride.	Groom.	Bride.	
3	Atchison	171	119	13	39	113	109	17	20	41	42	3	58	67	52	37	36	36	17	13	2	5	3	4	....	1	....	....	....	5	3	3
4	Barber	53	53	....	....	48	35	3	4	2	14	3	23	25	20	11	5	8	4	3	....	1	1	1	....	....	....	....	....	1	....	4
7	Brown	164	157	4	3	139	148	21	11	4	5	1	29	78	75	39	32	35	14	8	2	3	1	....	....	....	....	....	....	....	11	7
8	Butler	189	....	....	189	189	189	....	....	....	....	6	67	91	88	56	21	23	7	9	3	3	3	1	....	....	....	....	....	....	....	8
9	Chase	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	9
10	Chautauqua	135	127	2	6	129	130	2	1	4	4	1	62	70	52	33	7	16	4	10	6	2	2	3	2	....	....	....	....	....	....	10
12	Cheyenne	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	12
13	Clark	16	16	....	....	16	16	....	....	....	....	....	3	6	9	4	1	5	2	1	1	....	....	....	....	....	....	....	....	....	....	13
14	Clay	156	152	2	2	123	125	28	24	5	7	....	43	57	57	53	29	26	17	10	4	7	3	3	1	....	....	....	....	....	2	14
15	Cloud	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	15
16	Coffey	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	16
17	Comanche	40	40	....	....	31	31	9	9	....	....	1	18	17	15	8	2	9	2	5	3	....	....	....	....	....	....	....	....	....	1	17
18	Cowley	349	341	6	2	348	346	1	1	....	2	6	163	127	91	77	16	38	8	14	1	6	1	4	4	2	....	....	....	75	65	18
19	Crawford	200	193	5	2	158	166	41	24	1	10	3	78	76	77	65	17	32	10	9	12	8	4	5	....	1	....	....	....	1	2	19
20	Decatur	53	52	1	....	46	47	7	6	....	....	6	30	23	17	10	3	13	2	....	....	....	....	....	....	....	....	....	....	1	1	20
21	Dickinson	102	99	3	....	85	86	15	14	2	2	1	31	43	48	34	16	19	4	2	1	2	1	....	1	1	....	....	....	....	....	21
23	Douglas	141	114	18	9	111	111	22	20	8	10	1	36	51	70	44	20	33	9	1	3	6	2	4	1	....	....	....	....	1	....	23
24	Edwards	33	31	2	....	31	33	2	....	....	....	....	....	12	11	13	13	4	5	1	3	1	1	....	....	....	....	....	....	2	....	24
25	Elk	79	78	1	....	74	75	5	4	....	....	37	42	31	19	9	14	2	3	....	....	....	....	....	....	....	....	....	....	....	1	25
26	Ellis	51	51	....	....	24	23	25	20	2	8	2	14	26	26	15	8	4	3	1	....	1	....	1	....	....	....	....	....	1	....	26
27	Ellsworth	91	90	1	....	65	64	26	27	....	....	1	26	24	40	38	7	19	9	2	4	4	2	2	1	....	....	....	....	1	2	27
28	Finney	30	30	....	....	26	27	1	....	3	3	....	8	9	17	14	3	6	1	1	1	....	....	....	....	....	....	....	....	....	....	28
29	Ford	39	39	....	....	28	29	6	5	5	5	1	14	22	22	8	3	7	....	1	....	....	....	....	....	....	....	....	....	....	....	29
30	Franklin	193	184	6	3	....	....	....	....	193	193	7	63	71	75	58	27	33	9	7	4	7	4	2	....	1	1	....	....	7	10	30
32	Geary	71	68	1	2	59	40	12	7	....	24	....	22	36	37	27	12	8	....	....	....	....	....	....	....	....	....	....	....	....	....	32
34	Graham	32	30	2	....	29	29	3	3	....	....	....	11	14	14	11	3	3	2	2	....	....	1	2	1	....	....	....	....	....	....	34
36	Gray	....	....	....	....	....	....	....	....	....	....	....	8	7	5	8	2	1	2	1	....	....	....	....	....	....	....	....	....	....	....	36
37	Greeley	3	3	....	....	3	3	....	....	....	....	....	1	....	....	1	1	2	1	....	....	....	....	....	....	....	....	....	....	....	....	37
38	Greenwood	94	94	....	....	60	56	30	29	4	9	1	44	36	35	27	11	20	3	2	1	1	....	....	....	....	....	....	....	7	....	38
39	Hamilton	14	14	....	....	14	11	....	2	....	1	1	8	5	3	5	2	3	1	....	....	....	....	....	....	....	....	....	....	....	....	39
40	Harper	58	56	2	....	30	30	2	2	26	26	1	20	30	29	14	3	11	4	....	1	1	....	....	....	....	....	....	....	1	1	40
41	Harvey	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	41
42	Haskell	3	3	....	....	2	2	1	1	....	....	....	2	1	....	....	....	1	....	1	1	....	....	....	....	....	....	....	....	....	....	42
45	Jefferson	95	91	4	....	....	....	....	....	95	95	6	48	52	31	22	7	7	2	3	2	3	3	2	....	....	....	....	....	....	2	45
46	Jewell	158	158	....	....	140	149	17	9	1	....	12	59	67	70	45	14	24	9	5	2	2	4	3	....	....	....	....	....	....	....	46
47	Johnson	140	114	6	20	....	....	....	....	140	140	2	34	49	65	49	22	33	16	5	3	1	....	1	....	....	....	....	....	....	....	47
48	Kearny	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	48

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49	Kingman	46	45	1	...	46	46	....	....	....	....	....	20	18	16	12	5	12	3	1	1	2	1	....	....	1	....	....	....	9	....	49
50	Kiowa	18	...	1	17	18	18	....	....	....	....	....	5	4	2	2	2	2	....	1	....	....	....	....	....	....	....	....	....	9	9	50
51	Labette	114	104	10	....	102	103	8	6	4	5	2	34	48	58	31	11	25	9	2	2	4	....	1	....	....	....	....	1	....	51
52	Lane	13	13	....	....	13	12	....	1	....	....	....	7	6	3	5	1	....	1	....	....	2	....	....	1	....	....	....	....	....	....	52
53	Leavenworth	280	....	....	280	....	....	....	....	280	280	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	280	280	53
55	Linn	95	85	5	5	83	86	5	2	7	7	....	39	53	39	26	6	6	7	3	3	3	....	2	1	1	....	....	1	....	55
57	Lyon	47	46	1	....	37	34	1	1	9	12	1	19	18	20	15	5	7	3	6	....	....	....	....	....	....	....	....	....	....	....	57
58	Marion	105	102	2	1	55	66	50	39	....	....	....	37	45	45	29	12	20	7	8	2	2	....	....	....	....	....	....	1	2	58
59	Marshall	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	59
60	McPherson	137	137	....	....	90	92	47	45	....	....	3	54	42	17	50	16	30	16	2	4	2	....	2	....	....	....	....	6	30	60
61	Meade	15	15	....	....	14	14	1	1	....	....	....	6	5	6	7	1	1	1	....	....	1	1	1	....	....	....	....	....	....	....	61
62	Miami	131	127	4	....	124	126	7	5	....	....	2	51	68	56	36	16	19	5	6	2	....	....	....	....	....	1	....	....	....	....	62
63	Mitchell	105	....	....	105	88	91	17	14	....	....	4	39	49	47	33	10	11	3	5	5	3	1	....	....	....	....	....	....	....	....	63
64	Montgomery	286	260	20	6	216	246	32	33	38	7	....	89	88	124	103	38	66	20	11	8	11	3	3	2	1	....	....	3	2	64
67	Nemaha	146	139	7	....	77	77	40	40	29	29	38	48	64	52	20	22	10	12	10	6	....	....	....	....	....	....	....	....	4	6	67
69	Ness	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	69
70	Norton	82	82	....	....	75	79	7	3	....	....	4	45	45	25	15	6	12	1	2	3	2	....	....	....	....	....	....	2	2	70
71	Osage	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	71
72	Osborne	102	99	3	....	92	89	9	12	1	1	1	35	46	52	38	9	11	3	2	....	1	1	....	1	....	....	....	3	1	72
73	Ottawa	84	83	1	....	75	76	8	6	1	2	....	33	42	40	28	5	8	2	4	1	2	1	....	1	....	....	....	....	1	73
74	Pawnee	50	49	1	....	47	47	3	3	....	....	2	19	30	27	12	2	4	1	1	1	1	....	....	....	....	....	....	....	....	....	74
75	Phillips	96	96	....	....	....	....	....	....	96	96	1	50	45	33	29	2	12	4	4	2	1	....	2	2	2	2	....	1	....	....	75
76	Pottawatomie	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	76
77	Pratt	64	62	2	....	62	63	2	1	....	....	3	34	28	19	13	5	13	3	3	....	1	1	1	1	....	....	....	2	1	77
78	Rawlins	32	32	....	....	24	25	8	7	....	....	....	9	10	12	8	2	7	5	5	4	2	....	....	....	....	....	....	....	....	....	78
79	Reno	239	239	....	....	191	198	40	33	8	8	6	90	106	97	71	25	33	15	12	6	11	4	....	1	....	....	....	....	1	79
80	Republic	173	173	....	....	146	147	24	22	3	4	7	67	56	78	43	16	26	7	9	2	1	3	1	....	....	....	....	....	....	....	80
81	Rice	123	122	1	....	116	119	7	4	....	....	....	49	59	55	33	16	20	3	7	....	1	....	2	....	....	....	....	1	....	81
82	Riley	57	55	2	....	42	50	15	7	....	....	....	12	24	31	12	6	14	7	3	....	4	....	....	....	....	....	....	....	....	....	82
84	Rush	32	32	....	....	29	17	3	15	....	....	1	16	21	13	5	....	3	1	....	....	1	....	1	1	....	....	....	....	1	84
85	Russell	55	55	....	....	45	45	10	10	....	....	1	23	12	17	31	12	7	1	1	....	....	1	1	....	....	....	....	2	1	85
86	Saline	134	126	5	3	104	110	28	22	2	2	1	30	44	70	53	19	24	7	7	2	3	....	....	....	....	....	....	2	6	86
87	Scott	7	7	....	....	7	7	....	....	....	....	....	2	4	4	2	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	87
88	Sedgwick	476	349	17	110	314	325	36	22	126	129	8	167	184	176	128	56	111	61	30	11	12	4	2	....	....	....	....	1	1	88
89	Seward	10	10	....	....	10	10	....	....	....	....	....	3	3	3	3	2	1	2	1	....	1	....	1	....	....	....	....	....	....	....	89
91	Sheridan	33	33	....	....	30	27	3	6	....	....	1	9	12	19	11	4	7	....	1	....	....	....	1	1	....	....	....	....	....	....	91
92	Sherman	60	58	2	....	50	50	10	10	....	....	....	17	17	23	24	12	8	7	5	1	2	....	1	....	2	....	....	1	....	92
93	Smith	131	131	....	....	121	121	10	10	....	....	....	60	80	61	38	4	8	4	5	2	....	....	....	....	....	....	....	....	....	....	93
94	Stafford	25	24	1	....	18	18	7	7	....	....	....	15	11	8	11	2	3	....	....	....	....	....	....	....	....	....	....	....	....	....	94
95	Stanton	6	6	....	....	6	6	....	....	....	....	1	3	2	2	1	....	1	1	1	....	....	....	....	....	....	....	....	....	....	....	95
96	Stevens	11	11	....	....	11	11	....	....	....	....	1	7	4	1	2	3	3	....	1	....	....	....	....	....	....	....	....	....	....	....	96
97	Sumner	189	178	2	9	171	177	13	6	5	6	6	63	95	84	58	26	27	11	....	3	3	2	....	....	....	....	....	....	....	....	97
98	Thomas	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	98
100	Wabaunsee	58	55	3	....	54	54	4	4	....	....	....	20	27	31	18	3	8	2	2	....	1	....	1	1	....	....	....	1	1	100
101	Wallace	16	16	....	....	11	10	5	6	....	....	1	8	6	1	3	3	3	4	1	....	2	....	....	....	....	....	....	....	....	....	101
102	Washington	171	170	....	1	131	149	35	13	5	9	2	49	80	92	55	15	20	7	4	5	8	2	1	....	....	....	....	1	1	102
103	Wichita	18	18	....	....	16	15	2	3	....	....	....	7	6	5	8	....	3	4	1	1	....	1	....	....	....	....	....	....	....	....	103
104	Wilson	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	104
105	Woodson	77	77	....	....	72	76	5	1	....	....	....	13	40	47	20	8	9	3	2	3	4	1	1	1	1	1	....	....	....	105
106	Wyandotte	709	....	....	709	....	....	....	....	709	709	3	214	303	303	183	113	144	72	41	7	12	....	5	....	....	....	....	18	....	106
	Totals	7,811	6,118	170	1,523	5,154	5,342	798	663	1,859	1,906	203	2,682	3,203	3,084	2,160	879	1,241	475	327	147	170	63	68	25	14	5	....	1	442	446	

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TABLE III.—RETURN OF THE REGISTRATION OF MARRIAGES FOR THE YEAR 1893—CONCLUDED.

County number	COUNTIES.	MONTHS.												Not stated	Total, 1893.	PREVIOUSLY REPORTED.						County number
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.			1887.	1888.	1889.	1890.	1891.	1892.	
3	Atchison	...	11	16	13	15	14	18	19	25	14	14	12	....	171	.....	.....	.....	.....	25	245	3
4	Barber	4	4	5	6	5	4	3	3	6	6	3	4	....	53	.....	.....	.....	.....	.....	68	4
7	Brown	6	13	17	11	14	4	9	11	17	21	10	31	....	164	53	.....	.....	160	156	183	7
8	Butler	14	10	19	11	21	12	14	11	10	26	19	22	....	189	47	.....	29	.....	193	133	8
9	Chase	...	...	...	...	...	...	...	...	...	...	...	...	.....	.....	18	13	2	.....	17	65	9
10	Chautauqua	21	12	17	11	7	4	5	8	14	14	9	13	....	135	127	.....	...	.....	141	92	10
12	Cheyenne	2	4	5	2	2	6	2	4	2	4	2	4	1	40	...	.....	24	.....	.....	43	12
13	Clark	3	4	...	1	1	...	3	...	1	1	1	1	....	16	.....	.....	.....	.....	.....	18	13
14	Clay	....	....	45	10	....	10	19	16	4	22	30	....	....	156	127	119	141	143	125	144	14
15	Cloud	...	...	...	...	...	...	...	...	...	...	...	...	.....	.....	86	34	6	.....	43	140	15
16	Coffey	...	...	...	...	...	...	...	...	...	...	...	...	.....	.....	78	150	119	.....	.....	24	16
17	Comanche	...	...	...	...	...	...	...	...	...	...	...	...	.....	.....	.....	40	.....	40	22	26	17
18	Cowley	24	28	34	19	34	14	36	34	31	31	25	39	....	349	.....	.....	.....	.....	357	325	18
19	Crawford	19	28	21	22	26	14	8	13	2	3	15	29	....	200	.....	.....	280	.....	276	462	19
20	Decatur	2	5	7	6	7	7	1	4	3	4	6	1	....	53	140	82	55	71	26	60	20
21	Dickinson	12	11	....	1	15	11	8	11	7	3	9	14	....	102	.....	.....	.....	.....	.....	101	21
23	Douglas	...	...	...	4	11	16	8	13	25	14	29	21	....	141	.....	.....	.....	.....	.....	.....	23
24	Edwards	1	3	4	3	2	2	7	1	4	....	2	4	....	33	.....	.....	.....	.....	.....	27	24
25	Elk	10	10	7	7	3	4	5	4	2	12	2	13	....	79	.....	.....	.....	.....	.....	45	25
26	Ellis	1	6	1	5	2	8	3	3	4	6	8	3	1	51	.....	67	24	.....	.....	70	26
27	Ellsworth	6	5	15	12	8	4	2	8	12	6	9	4	....	91	63	85	51	54	61	69	27
28	Finney	4	2	1	2	1	5	2	1	2	4	2	4	....	30	.....	61	22	18	29	22	28
29	Ford	3	4	2	8	4	5	3	4	1	3	2	....	....	39	160	66	57	118	90	42	29
30	Franklin	18	15	24	13	13	13	7	17	15	16	13	29	....	193	.....	.....	.....	.....	195	172	30
32	Geary	...	...	1	11	4	8	6	8	6	14	10	5	....	71	100	72	84	90	72	99	32
34	Graham	3	2	5	6	1	5	1	2	3	2	1	1	....	32	.....	.....	.....	.....	10	32	34
36	Gray	...	...	...	...	...	...	...	...	...	...	...	...	.....	.....	.....	.....	.....	.....	.....	17	36
37	Greeley	1	...	1	...	...	...	...	...	...	...	1	...	....	3	.....	.....	10	9	10	15	37
38	Greenwood	4	10	11	5	8	5	6	7	9	10	10	9	....	94	93	46	.....	18	79	55	38
39	Hamilton	2	1	1	...	1	...	...	3	2	2	1	1	....	14	.....	.....	.....	.....	.....	.....	39
40	Harper	....	3	5	1	3	4	8	5	3	8	10	8	....	58	.....	.....	.....	.....	.....	.....	40
41	Harvey	...	...	...	...	...	...	...	...	...	...	...	...	.....	.....	105	152	.....	103	165	101	41
42	Haskell	1	...	...	...	...	1	...	...	...	...	1	...	....	3	.....	.....	.....	.....	9	.....	42
45	Jefferson	...	...	...	...	...	...	...	...	...	...	...	...	95	95	.....	.....	.....	.....	.....	51	45
46	Jewell	17	24	13	16	10	9	8	16	12	10	11	12	....	158	146	109	105	149	120	138	46
47	Johnson	13	17	9	10	7	7	5	9	9	20	14	20	....	140	230	141	162	138	151	130	47
48	Kearny	...	...	...	...	...	...	...	...	...	...	...	...	.....	.....	3	.....	8	18	.....	11	48
49	Kingman	4	8	11	5	1	....	...	...	...	2	9	6	....	46	32	98	88	226	80	62	49
50	Kiowa	1	2	...	...	4	....	3	2	2	1	1	2	....	18	.....	.....	.....	.....	.....	.....	50
51	Labette	13	15	1	11	17	12	1	15	9	11	9	....	....	114	190	180	181	11	211	221	51

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52	Lane	3	1	2	1	2	....	....	2	....	....	2	....	....	13	.....	.....	16	.....	7	10	52
53	Leavenworth	24	20	21	22	20	26	24	21	24	23	30	25	....	280	.....	.....	.....	.....	.....	275	53
55	Linn	5	9	6	9	8	1	4	5	18	16	5	9	....	95	.....	.....	.....	.....	.....	.....	55
57	Lyon	18	11	6	4	7	1	....	....	....	....	....	....	....	47	18	.....	.....	.....	195	184	57
58	Marion	9	9	9	6	6	13	6	6	15	6	14	6	....	105	.....	73	131	166	110	169	58
59	Marshall	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	171	56	172	134	332	133	59
60	McPherson	11	11	13	11	9	14	5	10	7	19	10	17	....	137	.....	118	167	81	126	129	60
61	Meade	....	1	....	3	1	....	3	1	2	....	1	3	....	15	142	.....	23	.....	13	15	61
62	Miami	11	....	....	10	9	17	9	15	20	17	11	12	....	131	150	173	179	.....	202	147	62
63	Mitchell	14	13	10	9	9	5	4	6	12	5	9	9	....	105	214	.....	.....	.....	88	94	63
64	Montgomery	32	23	34	17	19	23	19	26	24	16	28	25	....	286	.....	217	235	227	274	274	64
67	Nemaha	12	7	13	10	13	10	5	9	15	24	14	14	....	146	48	13	127	165	170	161	67
69	Ness	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	.....	.....	37	22	24	38	69
70	Norton	6	5	10	6	7	4	2	9	9	7	7	10	....	82	118	23	130	.....	.....	102	70
71	Osage	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	11	.....	4	.....	.....	114	71
72	Osborne	6	8	7	13	8	9	5	11	12	5	6	12	....	102	.....	80	90	88	75	84	72
73	Ottawa	5	6	13	8	5	3	2	7	7	4	14	10	....	84	89	.....	.....	.....	104	89	73
74	Pawnee	3	4	3	4	5	5	6	4	5	4	5	1	1	50	.....	.....	.....	.....	50	70	74
75	Phillips	12	9	9	9	7	7	5	6	7	7	10	7	1	96	113	118	113	104	75	117	75
76	Pottawatomie	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	78	121	104	102	104	95	76
77	Pratt	3	3	7	4	4	5	6	7	5	8	6	6	....	64	.....	55	.....	.....	75	67	77
78	Rawlins	5	3	6	5	....	1	1	....	1	2	....	8	....	32	7	41	16	55	30	43	78
79	Reno	22	20	13	19	17	22	12	20	11	28	36	19	....	239	.....	.....	.....	.....	193	267	79
80	Republic	15	25	22	8	12	12	8	4	14	17	20	16	....	173	.....	.....	.....	.....	.....	155	80
81	Rice	7	8	10	10	10	10	8	9	10	11	12	13	5	123	.....	.....	.....	.....	.....	119	81
82	Riley	....	....	....	....	....	....	7	4	10	13	11	12	....	57	.....	.....	.....	.....	.....	36	82
84	Rush	11	1	....	....	....	4	....	1	5	5	3	2	....	32	.....	.....	.....	.....	.....	7	84
85	Russell	7	7	3	8	5	3	1	3	3	....	5	10	....	55	92	.....	.....	53	45	52	85
86	Saline	7	7	8	15	13	6	9	12	12	21	13	10	1	34	.....	150	.....	.....	124	131	86
87	Scott	....	1	1	1	1	1	2	....	....	....	....	....	....	7	.....	.....	28	.....	5	.....	87
88	Sedgwick	35	44	42	34	40	25	31	28	49	57	37	54	....	476	523	521	452	.....	384	439	88
89	Seward	1	....	....	....	....	2	....	....	2	1	1	3	....	10	.....	.....	.....	.....	.....	3	89
91	Sheridan	2	4	2	1	6	2	1	4	3	2	2	4	....	33	21	26	.....	21	25	16	91
92	Sherman	9	6	3	6	5	2	7	4	2	4	5	7	....	60	.....	44	56	41	42	50	92
93	Smith	6	17	16	6	5	9	12	14	15	8	14	9	....	131	.....	.....	.....	.....	180	142	93
94	Stafford	1	....	....	....	1	3	1	4	7	7	1	....	....	25	.....	.....	.....	.....	.....	92	94
95	Stanton	1	1	1	....	1	1	....	....	....	....	....	1	....	6	.....	.....	.....	8	11	1	95
96	Stevens	....	1	1	1	....	1	1	1	....	....	3	2	....	11	.....	.....	18	.....	4	6	96
97	Sumner	14	18	17	9	15	13	16	6	15	28	21	17	....	189	.....	.....	.....	.....	.....	.....	97
98	Thomas	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	31	49	43	30	32	48	98
100	Wabaunsee	7	3	9	1	3	10	4	....	3	7	3	8	....	38	10	.....	.....	.....	186	160	100
101	Wallace	1	2	4	2	3	....	1	....	1	1	1	....	....	16	.....	.....	.....	.....	13	11	101
102	Washington	14	19	12	18	15	17	8	12	12	14	10	20	....	171	.....	.....	.....	.....	21	170	102
103	Wichita	4	2	4	2	1	2	1	....	2	....	....	....	....	18	23	35	41	.....	8	21	103
104	Wilson	....	....	....	....	....	....	....	....	....	....	....	....	....	.....	115	133	143	155	120	133	104
105	Woodson	12	8	6	5	4	4	4	5	3	5	9	12	....	77	72	99	74	.....	91	65	105
106	Wyandotte	57	44	54	46	61	61	51	49	76	71	79	60	....	709	.....	.....	.....	.....	.....	755	106
	Totals	621	638	695	575	604	560	494	575	680	754	745	765	105	7,811	6,536	7,593	6,145	8,438	4,865	10,145	

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SUPPLEMENT.

SPECIAL REPORTS—1893.

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SPECIAL REPORTS.

EXERCISE: ITS PHYSIOLOGIC FUNCTIONS.

[Read before the Topeka Academy of Medicine, by W. L. SCHENCK, A. M., M. D., professor preventive and state medicine, Kansas Medical College.]

South says: "God made no faculty but also provided it with a proper object on which to exercise itself." As God does no unnecessary thing, exercise is essential to the health and development of each organ of the body, each faculty of the soul. Progress demands constant renewal and readjustment. Change is the changeless law of nature. The old must give place to the new. The present is but the ever-changing eternal link that binds the future to the past, and, in all organic life with properly-regulated activities, each new link will be stronger than the last. Evolution is the law of God. Crabbe defines exercise as "repeated or continued exertion coupled with purpose." Physiologically, it is that wisely-regulated activity through which, by one of those beautiful compensations so often observed in nature, both the force expended and the atoms destroyed are renewed in more potential form. It is the application of stored-up force for the generation of greater force. Whether life was created merely for the reproduction of species, or for that evolution that changes and vivifies matter until at last a superadded spirit finds through it all its possibilities, until it reaches that final change beyond which science cannot go, the continuous change incident to exercise is essential to both physical and spiritual development. Exercise, voluntary and involuntary, is necessary to constructive and destructive metamorphosis, the vital forces that keep the body new and strong. The functional activity of an organism destroys and removes its atoms while it provides material for their renewal. When exercise is moderate and the material rich in nutritive elements, there is increased development, and, when the size or number of the cells is greatly increased, there is hypertrophy or hyperplasia. On the other hand, atrophy and degeneration follow want of exercise and nutrition.

The body is a marvelous piece of mechanism, whose several parts are so fitly joined that we cannot comprehend any one without comprehending all. Impressions made on any one part are in touch with all. In discussing exercise, we must remember that it is but one of many instrumentalities through which the body, mind and soul reach their possibilities, and that we cannot confine the effects of its developmental force to the single organ or system we subject to its methods. But more largely than any other force it is the means to the end. It supplies to the cells the material they convert into protoplasm, while it returns them to original elements. It furnishes the force that vitalizes and energizes, while it consumes it. Properly applied, it develops and preserves both the form and functions of the several parts of the body and their harmonious relations, and so secures the ends for which they were created; improperly used, it brings disease to individual organs, and interferes with the harmonious action of the organism. Thus, by the proper exercise of the organ of vision its functions become clear and strong, the perceptions become more acute, life is more joyous, and the vitality of the whole organism is increased. Im-

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properly used, the organ is injured, various diseases are developed, and their effects are not confined to the injured organ. Through proper exercise, the vocal organs are so educated that they convey in varied tones all the emotions of the soul, while through improper use they cease to be its servants, and may produce far-reaching disease. The trained muscles, under the control of the will, are equal to every contingency. The skilled surgeon plunges his knife where the deviation of a line might prove fatal, with perfect confidence in his ability to control every movement of the hand; the gymnast performs his wonderful feats with full faith that his muscles will obey his will, while the athlete develops a muscular power that scarce knows its bounds. By properly-regulated exercise, the brain cells, through which are the activities of the spirit, enable it to reach ever upward toward the Infinite; to comprehend the minutest molecule; to weigh in the balance the remotest world; to understand and to utilize the varied laws by which the Omniscient governs the universe, and through its acquisitions in art, rhetoric and science prove its kinship with the Eternal. Without properly-regulated exercise, all the forces of the body, all the faculties of the soul, retrograde; with improper exercise, they fall beneath the palsied hand of disease. Exercise increases in force and frequency the pulsations of the heart and the rapidity and volume of the respiration; more oxygen is absorbed, more carbon dioxide eliminated, and, by exercise that calls into action the whole organism, vitality is increased and life prolonged. But it has its limitations, and the important question is, how much is necessary to secure the best results? That will depend largely upon the purpose of life.

Those who live on the fruits of their muscles should take such exercise as will secure their healthful development, and such perfect obedience to the will as will make them the efficient servants of the spiritual man. As the cells of the cortex of the brain are comparatively independent of the functions of the mere animal life, being evolved for spiritual purposes, and simply receiving nourishment and purification through the activities of other portions of the organism, their exercise is rarely a source of disease, the diseases so often attributed to brain work being due to irregularities and improprieties. Other things being equal, brain work is healthful and brain workers long lived. The frequent "heart failures" and "Bright's disease," and other pathologic conditions common to brain workers, especially in the political arena, can be accounted for on sounder physiologic and pathologic principles. Brain work only requires such physical exercise and development as will keep the organism in health, that it may supply the cells of the cortex with the elements of life and development and remove waste, and exercise for this purpose should be regular and bring into action all parts of the body, but never excessive, as the healthful action of the intellectual brain is never benefited, but always injured, by excessive muscular effort and development, force and nourishment that should sustain intellectual action being expended to create and sustain massive muscles, useless to spiritual activity, but, once developed, demanding excessive and continued attention, and ever liable to various diseases.

That the proper amount of exercise may be taken during the developmental period of life, and applied where needed, that its function may be understood and regular habits and self-control established, there should be a department of physical culture in all our schools, both for the benefit of the individual members of the school, who too often graduate into early graves, and for the good of the state, that intellectual and moral culture may mean, as well, physical vigor and long and useful lives. And the duties of such a department might have a wide reach, as all intellectual and moral development is through the instrumentality of the body. A one-sided education, that develops the cells through which particular faculties act, leaving those of other facilities undeveloped, makes one-sided men; the cranks who

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curse the state and disgrace humanity, often obscuring the line that separates sanity from insanity. We have all known such cases as that of Professor A., of —— University, a most distinguished mathematician, but innocent of common sense, and we have known too well the Guiteaus and Prendergasts. While men may with advantage devote themselves to special departments, distinction involves a wide range of knowledge. The specialist in medicine who believes his patient all eye, or ear, or throat, or even alimentary canal, illustrates the saying of Wilhelm Meister: "He who knows it half speaks often and is always wrong;" and proves the prescience of the poet who wrote:

"A little learning is a dangerous thing;
Drink deep or taste not the Pierian spring."

Every cell and every organ of the body was created for use. By way of illustration, let us confine our thought to the effects of exercise upon the muscular system. We know that the contraction and relaxation of muscular fibers changes and sustains the volume of the circulation in their capillaries, and that the cells exhausted by increased activity eagerly appropriate its elements, and that, when supply and appropriation are stimulated beyond the normal, there is hypertrophy.

We have an apt and beautiful illustration of the effect of regular and moderate exercise in the pulsations of the heart. Day and night, year after year, the blood is drawn into and driven out of its muscles in such well-measured quantity that without fatigue, and without increase or diminution in development, the muscles of the beating heart contract and relax 60 or 70 times each minute throughout life. If, like the voluntary muscles, this important organ had been left under the control of a capricious will, the grave hypertrophies and atrophies, the valvular lesions and irregular innervation that from violence, irregularity and disease occasionally endanger or destroy life, would have been the common lot of mankind. The preservation of the form and function of this organ, never resting but for an instant, emphasizes more than argument or illustration the importance of the regular and measured exercise of the whole organism.

Muscles do not develop alone. Their activity involves activity in every other part of the organism. We readily note their impress upon the nervous system, whence comes all that energizes. The central cells are stimulated by reflexes, nervous force is generated and distributed to the acting organs, and nervous power developed. But we must remember that the exercise of organs of vital function has only an indirect influence on those of spiritual function. Though we may not comprehend *how* the muscles are strengthened and controlled by the action of the will, or what nervous force is, we know the results. Under systematic training, Sandow is able to sustain a weight a thousand times greater than even his massive muscles would support if dissected from his body, and the skilled workman performs the most delicate and rapid movements with accuracy and ease; muscle and nerve being developed *part passu*. But when the acting muscles draw too heavily upon the vital forces there may be sudden failure of innervation, or other parts of the organism may be dwarfed through inanition.

Muscular effort, in any part, demands increased activity of heart and lungs, absorbents and excretants, and there is increased force given to all; but the athlete never gains intellectual or moral vigor from pounding his sand bags, and the blacksmith may hammer his anvil "from early morn till dewy eve" without becoming a "learned blacksmith," unless, like Elihu Burritt, he gives other training to the cells of his brain. The football champion may, by his persistent training, develop a fine physique, and so may the champion of "the ring," but neither will thereby develop the cells through which the spirit acts, except as the emotions and passions of the actors and visitors, intent upon victory at any cost, may find harmful development.

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Yet we might infer from the expressions of the press, and of some of the professors in our universities, that the development of muscle was the *sine qua non* of a college course, and that the college whose "team" could "paint red" all its opponents in a "knock down and drag out" game of football was, *par excellence*, the educational institution of the age. While we can understand how professors of moral science and mathematics, and of Latin and Greek, through lack of a knowledge of physiology and hygiene, may believe that great muscular development is essential to a strong life and close mental application, we cannot understand how those who appreciate the dignity and grandeur of the intellectual and moral forces can consent to practice in the gynasium, or fight sand bags by the month that they may kick a leather ball farther than their opponents, or beat into insensibility a fellow-mortal, or how instructors in mental and moral science can believe that a student with his mind intent on football, or anything foreign to mental training, with frequent interruptions of his college course given to exciting exhibitions of his muscle, is in line with the best educational methods and results. The development of the organism is in line with its exercise. The college should be a gymnasium of mental training for beneficent purposes, for developing the organs through which knowledge and wisdom are attained, and not a gymnasium for forcing the development of mere animal life.

The college professor knows, or should know, that the forces through which the spiritual life is developed are rested by a change of studies; that the cells through which the mathematics are developed are not developed by the activities of the imagination; that those of the imagination are not developed by the study of moral science, and that the whole attention given to one branch of learning makes one-sided men; though, by alternation of studies, one faculty rests while another works, the habit of mental application continuously improves. Much more should these professors know that if the exercise of the cells of one portion of the intellectual brain cannot develop the cells of other portions, that the exercise of those of merely animal function cannot develop those of intellectual and moral function; that their only relation to the cerebrum is the preparation and supply to its cells of necessary nutriment; and that while for this a well-balanced and healthful activity of the whole organism is required, an overgrown animalism demands so much of vital force that that portion of the body created for spiritual activity is dwarfed and atrophied.

As an illustration of modern methods of education, take the two leading orthodox universities, Princeton and Yale. After numerous breaks in the college course, and months of training, they met on the 30th ult.—Thanksgiving day—on the Manhattan field, and Princeton reached home the victors of a bloody fight, when, we are told by a laudatory press, "the bells of Princeton rang for four hours, and everybody in this staid old Presbyterian college, from president to janitor, rushed to a mass meeting, when the president said: 'It was a glorious day for Princeton;' and Doctor Green, 'Yale was nowhere; Princeton was everywhere;' and Dean Murray, 'Wait till next week, that we may have the opportunity of assisting in a glorious celebration;' and after promenading the city until the small hours of the morning with foghorns and tin pans and drums, they waited, and had a *glorious celebration*."

Let us look at the other side of the great college spectacle. The New York *Tribune*, an advocate of the game, says: "About the entrance of the hotel were perhaps 500 people waiting to see what the defeated Yale looked like. And they saw. But they never saw a more woe-begone, used-up, pale-faced, bruised and bloodied lot of respectable, healthy, sane young men before. One of the players crawled down off the coach and passed into the hotel through the alley made by the police through the crowd. Two of the players had to be helped, half carried. The men had just come from the battlefield; their faces were muddy and marked with bloody streaks;

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their sweaters were stained and reddened. In their dilapidated condition, they did not look the strong, powerful young giants who had driven away, so full of confidence, earlier in the day."

Harper gives its picture of the victors at the same hour. It says: "People who live far away from New York, and who cannot understand from the faint echoes they receive how great is the enthusiasm, may get some idea from an incident in the Princeton dressing room. The team was being rubbed down for the last time after three months of self-denial and anxiety, and the hardest kind of work that young men are called upon to do, while outside thousands of Princeton followers are jumping up and down and hugging each other, and shrieking themselves hoarse, when one of the Princeton coachers came into the room out of this mob, and, holding up his arm for silence, said: 'Boys, I want you to sing the doxology.' And standing as they were, naked and covered with mud and blood and perspiration, the 11 men who had won the championship sang the doxology from beginning to end, solemnly and seriously, . . . while the defeated team was lying on the benches of their dressing room, sobbing like hysterical schoolgirls."

One more thought on this great moral exhibition, which we also quote from its champion, *Harper*. In speaking of "Billy" Edwards, an ex-prize fighter, fit adjunct to the moral drama, it says: "He keeps guard over the glassware of the Hoffman House bar, and goes to sleep on the eve of Thanksgiving day with as much as $50,000 in his possession"—money bet on the game. And that we may know who deposits with him, it says: "The collegians begin to arrive on Wednesday, and one sees nothing but young men enveloped in huge greatcoats and ulsters. They make Broadway, between the Fifth Avenue hotel, where the Yale team lodges, and the Hoffman House, where odds are given and taken on the game, almost impassable."

The disregard for limb and life, the brutality and betting, on the football field and in the ring, are much the same, differing mainly in the culture and character of the actors. For the one, they are recruited from the college, where young men of promise are sent from Christian homes to develop the nobler faculties of mind and soul, drawing from the college and from the same class of society their henchmen and hooters, and here loss by death or demoralization brings sadness to many hearts and loss to the state.

In the other, they are the habitues of the grogshop and the gambling den, who can scarce reach a lower level, and when "knocked out" are little missed.

If the football teams from our colleges are such models of propriety and scholarship as represented, how great has been the wrong to them, their friends, and society. We know it is claimed that football develops determination, will force, quickness of perception, the self-restraint incident to months of training and courage. The same is claimed, and with equal reason, for the ring. Purpose is the foundation on which moral qualities are built. Character may be bad as well as good. The determination may be to do wrong as well as right.

> "There is a divinity that shapes our ends,
> Rough hew them how we may."

"Men do not gather figs from thistles, nor grapes from thorns." The means must not only be equal to the ends but in line with the ends. The Jacksons and Sullivans are the fruits of the ring. Those of the modern football team are not yet ripe, but how much prescience is required to tell the results of a game where a half score of players jump upon an opponent, and where the contestants fight with hands and feet, breaking noses, ribs, and limbs, dislocating joints, slugging on the sly, and in not a few instances taking life. And is this great intellectual and moral drama necessary to the development of courage and the nobler qualities of manhood? When this country has called to arms, have not Americans from every de-

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partment of life freely responded. and were the sluggers in personal encounter the men who stood firm where shrieking shells and hissing bullets fell thick and fast? Is not a prize fight, where the combatants boldly declare their purpose, both a moral and scientific exhibition compared with a modern football battle?

This may seem a diversion from the thought of our subject, but all the activities of the body, mind and soul are through the development of the physical organism, and if it is important that he who makes physical life his study should know the laws by which muscles are developed, how much more important that he should understand the laws that govern the development of those faculties that distinguish man from the brute, and the relation of each to the other?

Ethics may picture to the ethical the athlete transfigured into an intellectual and moral giant, but science beholds him transformed into a prize animal. The one looks at an ideal spiritual growth; the other at the absolute of physical life. One sees what he ought to be; the other what he is. Ethics has an ideal that science will not permit it to realize, for it knows that "they who sow to the spirit shall of the spirit reap," and "they who sow to the flesh of the flesh." Exercise is the stimulus to the metamorphosis of physical life whereby the old atoms are removed and renewed, and its action is largely confined to the organs exercised.

Man differs from the brute only as he has superadded to his animal a spiritual life that can control his will and direct his developmental forces. It requires generations of careful training and breeding to build up the massive muscles of the Percheron and Norman horse, or to produce the speed and endurance of the "thoroughbred," while man, through a well-directed will force, makes equal development in a few years. Thus Sandow, the Prussian athlete, who belongs to a family never noted for either strength or athletic tastes, and when 18 years of age possessing no marked muscular characteristics, by localizing muscle building, and associating with muscular training voluntary control, in a few years reached his present wonderful development. He is now 26 years old, and, though only 5 feet 8½ inches in height, he measures around the chest 46 inches; about the waist, 29 inches; under the axilla and over the deltoid, 17 inches; under the axilla and over the shoulder, 21 inches; over the biceps, 19½ inches; around the forearm, 19 inches; thigh, 27 inches; calf, 17½ inches, and has an expansive mobility of the chest of 14 inches. He lifts from the floor, with apparent ease, with one hand, at arm's length, straight above his head, a hollow dumb-bell, with a man in each globe, weighing 305 pounds, and as easily lets it down again; or he performs with apparent ease the still greater feat of placing his feet and hands on the floor, and, on a platform resting on his knees and chest, supports three horses, weighing 2,800 pounds, while his lungs move quietly and his well-developed heart sits lightly on its throne. But while Sandow has acquired volitional control over his muscles, even with his phlegmatic temperament, he fails to control his appetites and passions, but eats and drinks and smokes regardless of consequences, and is far from being an intellectual or moral giant.

From Samson, shorn of his strength by the seductions of Delilah, down to ken John Sullivan, neither athletes nor gymnasts have been distinguished for ual refinement or power, while in thousands, from the poet king of Israel, the bards of Greece and England, the "Little Corporal," who conquered the nations urope, to Longfellow, and Gladstone, the great English premier, who has passed age of fourscore years, giant intellects have developed through comparatively il bodies, and, without muscle, have gained as distinguished conquests in the orld of mind as have athletes and gymnasts, without mind, in the world of muscle. d science teaches that the great animal development, consequent upon gymnastic raining and contests, tends to sudden, or, at best, premature death, upported by vital statistics. If sudden death does not follow a heart

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taxed beyond its power of innervation, the overgrown muscles must be exercised in proportion to their development, while the digestive organs must be overtaxed to feed them, the circulatory system to carry their nutrients, the respiratory to oxidize their blood, and the excretory to eliminate their waste. To stop the excessive exercise of these overdeveloped muscles is not less dangerous than to continue it. There will come a time when physical life reaches the downhill grade, when it must cease, and the involution of overdeveloped organs invites all manner of diseases, both from within and without. Man was not made to be developed into an ox or a behemoth. He may energize for a time overgrown organs, but, as when a 10-horse-power engine is forced to do the work of a 50-horse power, there is constant danger of explosion, and, at best, it is soon destroyed by excessive wear and tear, or its fires are smothered by accumulations from the consumed fuel; its premature destruction is a foregone conclusion.

To briefly summarize the relations of exercise to physical and spiritual life and health:

1. Exercise is essential to vital metamorphosis.

2. The cell growth of muscles and groups of muscles is rapidly increased by properly-regulated volitional exercise, with a corresponding increase of nerve force and organic activity, provided there is a proper supply of muscle-building and force-producing food.

3. When an excessive development of an organ is produced, it involves its excessive and continued use, its cessation being full of danger.

4. Overgrown, hypertrophied organs are unnecessary and injurious, while their normal development and innervation is essential to life and all its activities.

5. The cells of the gray matter of the brain are not developed by the stimulus that energizes mere animal life, being an evolution for the activities of a superadded spiritual life.

6. Their relation to the merely animal organism is only one of supply and de puration, and of their power of energizing through the action of the will.

7. While a harmoniously-developed and healthful physical organization is essential to spiritual activity, spiritual life is handicapped by an overgrown animalism.

8. The development of the various organs of the body is in line with their activities.

9. By proper exercise, the organs of animal life, receiving proper nourishment and development, healthfully perform all their functions, while the perceptions, correlated through the cells of the brain cortex, develop force in line with their correlation, and man reaches his ideal.

THE CLERGYMAN AS A HEALTH OFFICER.

BY REV. JOHN FAVILLE, APPLETON, WIS.

The clergyman is a preacher and a pastor. In each of these relations he has a responsibility as one of the guardians of the public health.

1. As a preacher or teacher, he must have a true philosophy of mind and matter. Every minister is likely to find two extreme views in his parish as to the relation of body and soul. One is idealism, or the emphasis of mind to the exclusion of matter, which leads in practical life to the vagaries of "mind" and "faith" cures, to "Christian science," etc.

The other is materialism, which makes mind but one of the activities of matter, and leads, logically, to animalism. Doubtless a true or false philosophy of the men-

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tal and material will of itself be a factor in health or in disease, for we were made for the truth; it is only that which fits us. But these views also lead, often, to unhealthy practices, and seriously affect their followers and society. Common sense does much to adjust our wild and one-sided philosophies; but it is the clergyman's duty to educate his people. Christian philosophy teaches the reality of both soul and body. They are not identical, but in such vital relations that each must take into account the other. In the interest of public health, then, the preacher must mediate between the materialist's and the idealist's philosophy. He must teach a psychology that does not ignore the body, and a physiology that does not forget the mind. He must guard against the practices of both the epicurean and the ascetic. The clergyman must teach the ethics of sanitation. A certain "journal of health" has, as a part of its creed, these articles: (1) That sickness is no more necessary than sin; (2) that the gospel demands that human beings should live healthfully as well as righteously; (3) that within the sphere in which they are designed to operate, physical laws are as sacred as moral laws, and that mankind are as truly bound to obey them.

Many a church creed would be strengthened by the recognition of these articles. A limited application of moral law in general, and the limitation of an ethical principle which practically denies it, has been our mistake. The young person has been led to conclude certain courses were allowable in the "sinner," but not in the Christian. The older person has had two standards of morals, one for religion and the other for business. A mutilated ethics has also controlled in health affairs. We have sanctioned "fractional" efforts; we have repudiated the law of solidarity.

Carlyle tells of a woman stricken with fever wandering from house to house and finding none to care for her. She died; but not until she had given the fever to 27 others. "If one member suffers, others suffer with him." "The care of each is the care of all."

The pulpit, then, must urge personal obedience to the laws as health as a duty to one's self and to others. The preacher must help to quicken the public conscience and help cultivate the feeling of moral obligation in reference to all sanitary matters, and must identify himself with the reforms that have relation to health.

A Catholic clergymen told the writer recently that many of the younger people in his parish are being injured in health, as well as morals, by Sunday and night work in the mills. Here is a field for the clergyman as a health officer, and it is as much his duty to press these matters on the ground of health as of morals. Again, the bearing of intemperance on health ought to be taught in every pulpit. Doctor Carpenter says: "The question of temperance is of greater moment in sanitation than even the limitation of infectious diseases." Mr. Chadwick, in his chapter on "Intemperance and Bad Health," says that in several dangerous occupations temperance is the best means of withstanding the effects of the noxious agencies which the workers have to encounter, and he speaks of a mining company having substituted hot meat soups for beer for the miners as they come from the mines, resulting in very great benefit to the men.

Mr. Riis, in "How the Other Half Lives," constantly recognizes intemperance as one of the chief obstacles in his problems of sanitation. Mr. Brace, in "Gesta Christi," says: "No language can exaggerate the evils of the fearful curse of intemperance in modern times. It is the prolific cause of idiocy, insanity, disease, and moral and physical degeneration." On considerations of health only, the preacher who is silent on temperance reform is neglecting his people.

The clergyman, as the expounder of the Christian religion, must be a health doctor. It has been said, "All great systems of religion are but so many organized sanitary reforms." Our Bible is a book of life. It remembers the body. A consid-

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erable part of its history is that of sanitary reform. It sends out boards of health in the name of Jehovah. Again, the example of Christ as a healer of the body, the value of Christianity places on every human life, the habits of purity it enjoins, the relations it commands, all make the divorce between sanitation and the Christian religion impossible. It is not enough for the minister to preach in favor of hospitals and asylums for the sick; the great merit and mission of Christianity is prevention. The author of "Ecce Homo!" says: "No man who loves his kind can, in these days, rest content with waiting as a servant on human misery, when it is in so many cases possible to anticipate and avert it." When the sick man has been visited and everything possible done, modern Christian charity will go on to consider the causes of his malady, what noxious influence besetting his life, what contempt of the laws of health in his diet, or habits, may have caused it, and then to inquire whether others incur the same dangers and may be warned in time." These calamities of pestilence and disease are not a portion of man's inevitable destiny; the kingdom of health is a part of the kingdom of God."

2. As a pastor the clergyman has also a duty. In his general relation to the community as a man and as a citizen, he should be a man whose personal habits are healthful, a man who encourages no style of dress or living that it is admitted fosters disease. He ought to be imbued with the humanitarian spirit; to be, not first an ecclesiast, but a Christian citizen. The "practical needs of humanity are best known to physicians." This is surely true in all sanitary questions, in which the physician is the superior officer. The parish is a part of the community, in which the pastor must coöperate with all others in all that relates to the public health. A late editorial in the *Review of Reviews*, in speaking of the cholera, says: "The consolation is, that the cholera will not only employ the scavenger; it will be a prophet of the Lord, preaching the solidarity of mankind and reminding us we are members one of another. It may need the cholera, after all, to quicken the church into the conviction that even municipal affairs are matters pertaining to the kingdom." The pastor must interest himself in the sanitation of his church building, especially in reference to its heating, and lighting, and ventilation. The modern church building is put to a variety of uses. It is assembling the people in many ways; it is providing for the children as never before. The church, by its miserable ventilation, by its basement for the Sunday school, by its "dim, religious light," has been a prolific source of colds, relapses, and general debilitation. It is responsible for considerable poor health as well as poor theology.

The pastor has a mission as a health officer in the sick room. He may do or undo much. Sometimes the physician dreads the pastor's visit to his patient, because the pastor does not recognize his limitations, or does not proceed on commonsense methods. A short call, a bright face, a cheering word, a tender prayer, will often add to the physician's skill in the sick room. But here, as elsewhere, the pastor and the doctor should be in perfect harmony. It is sometimes a delicate matter for the pastor to determine his duty in the case of infectious disease. There is much of superstition and ignorance yet in almost every parish, and at times the pastor is expected to be brave to foolhardiness, and to be freed from ordinary restrictions and dangers "by virtue of the sanctity of his office." He ought in all these emergencies to place himself under the direction of the physician, and insist that all others whom he influences shall do the same. The pastor has also a duty as a guardian of health at the funeral and at the burial. The funeral is generally a public gathering, most often in a house, crowded to suffocation, sometimes with many in waiting outside. In such a service, not to remember the living is far from honoring the dead. In general, to make services brief and hopeful, instead of harrowing, is in the interest of health as well as of religion.

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But it is when some malignant or contagious disease is in the community that the pastor is most needed as a health officer. To refuse to officiate seems cowardly, to attend is dangerous, to deny the last rites seems cruel. The pastor, above all others, is expected to "put his trust in God" and go forward regardless of consequences. This he must do, if it is his duty; but what is his duty? It is clearly, first, to place himself under the physician's or health officer's orders. The course almost universally recommended by health boards is, that such funerals be absolutely private—a prayer, perhaps, in the presence of the family only, to be followed after a reasonable time, where desired, by a more public memorial service. In view of the fact that public or semipublic funerals following death from diphtheria, scarlet fever, etc., have been a prolific cause of their spread, it would seem as if it ought never to be difficult to carry out this method; but the clergyman will find it part of his work, often, to reconcile or persuade the friends to this course.

Sympathy and sorrow destroy the judgment in these times, and to help guard the community in every way possible in the funeral service may require all the pastor's courage and tact, but he can seldom become more efficient as a health officer than at that time.

At the burial the pastor has usually a part. Some of our burial customs are false to the dead and often fatal to the living. A lengthy church or lodge ritual has no rights that the living are bound to respect, especially in this latitude and in the winter. A sorrowing group chilled to the marrow by a ride often needlessly long, the men with heads uncovered, a piercing wind, and then a service, beautiful with appropriate surroundings, but which is now a prolonged torture. This has been the scene about too many graves. The pastor has no right to encourage such a custom. To abuse, to endanger the temple which has the spirit still within it, without being of the least service to the temple from which the spirit has flown, is a false tribute to the dead and an immorality toward the living.

As to what shall be the disposition of the body in the future, the cleryman will doubtless have his opinions. It is to be regretted that the Roman church has arbitrarily decreed against cremation.

It may not be the wisest method, but it is one that must be fairly considered. A traditional burial, though it may have been thought to have had some spiritual significance, will not permanently stand in the way of the best interests of the living. Whether entombment or cremation or earth burial shall be the method, there is no danger, with our increasing interest in human life, and so our enlarged idea of the sacredness of the body as God's handiwork and the spirit's temple, that we shall dishonor the dead.

Sir Edwin Chadwick, in his "Health of the Nations," asks why it is that "the progress of the social science is so slow and imperfect, while the progress of physical science is so rapid and efficient?" He finds the answer in the fact that "in physical science there is an exhaustive scrutiny into the premises from which inferences are to be drawn." In other words, a vast array of facts, a thorough research into principles and a conclusion from them; while in social science we are "continually arriving at practical conclusions under an almost incredible ignorance of the grounds from which alone they could be safely deduced." It is the temptation and weakness of the clergyman to proceed too much on *a priori* assumptions.

In his duties as a health officer, as well as a spiritual leader, he will make greatest progress and accomplish the most by a conscientious and exhaustive study of the facts in the lives about him.

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THE PREVENTION AND QUARANTINE OF SCARLET FEVER.

BY E. CRANCH, M. D., ERIE, PA.

Although this paper is to treat of so inflammatory a subject as scarlet fever, it will not be necessary to use any inflammatory language, or to magnify the subject; it is only intended to attract attention forcibly to some wholesome and unwholesome truths in regard to scarlet fever and its sanitary management. It is admitted by all that scarlet fever is abroad in the land, and that it is in the highest degree contagious; that it spreads by contact, by air, by clothing, even by letters and books, and certainly by dogs and cats and other domestic pets, such as toys and house flies, in their migrations from house to house.

Two or three cases, well known to the writer, will illustrate the ease of its transfer from an infected house to any unwary bytraveler or visitor who happens to be susceptible to its blandishments. Of course, one who has had it does not need to fear its effects, beyond the chance of a sore throat, generally absent, and seldom severe. But all visitors, and especially attendants, may act as carriers from the sick to those who have never had it.

Let no one speak too lightly of it, though so many cases are and have been light, for who knows how soon its blasting touch may wither the fairest blossom in the garden of our hopes, or how soon its scarlet conflagration may be a signal of devastation in some happy home, causing the grave to yawn for the best beloved of many a household? God grant that its ruddy terrors may be held in check for us, and that its baleful torch be not lighted on our hearthstones.

To show the way to turn it aside, to show its burning destruction, is in some measure the object of this paper, not alone by the essay itself, but still more by the discussion that it is earnestly hoped and intended may follow this appeal to caution.

Well, the cases of contagion alluded to were these: First, a boy living in the country was sent a long way off to bring home a goat, and was charged to avoid a certain neighbor's house, where scarlet fever was in full possession. Going out, the obnoxious house was easily avoided, but on the return the goat was willful and insisted on dragging the unlucky youth right over the porch of the prohibited mansion, when just then the door was opened, and a full breath of the tainted air inhaled by the panting driver of the wicked goat. It was only a whiff, but it did the business, and in one week little Jabez justified the bad omen of his name by "bringing sorrow" in the shape of a fine case of scarlet fever.

Another case was contracted by waiting on the doorstep of a house and then joining a caller, who had only gone in for five minutes, but long enough to bring out a supply of scarlet-fever poison in the air that clung around him. One more case was that of a young girl whose mother had a dress come home from a house where there was a recent case of scarlet fever. The dress was undone and tried on in the little girl's presence, and in a week she had the fever, with no other possible source of its infection. The poison is one of the most diffusive of all, and easily retained by the clothing, furniture, carpets, walls, etc., of any room it has been in. Yet a closed door *may* be enough to keep it in a room or house, and a few minutes in the open air *may* be enough to scatter it free from the clothing, but in all such cases there is more or less risk of contagion.

Very much to be dreaded is this quick, subtle, yet evanescent poison, for it has done much to fill our cemeteries, our deaf-mute schools, our insane asylums, and our hospitals for chronic diseases.

In the hope that strict isolation and preventive measures may some day make

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the scarlatina or scarlet fever or scarlet rash (for these are only names of the same disease) as comparatively rare and as much under control as the dreaded smallpox, the subject of prevention will now be spoken of at some length.

Prevention, or prophylaxis, includes both prevention by medicine or disinfection, and isolation or quarantine. We will speak first of medicines that may be taken to lessen susceptibility, and reduce the chances of contagion to those taking such medicine. In the case of smallpox, the use of the modified virus of a kindred disease known as cowpox, has long been used by inoculation, called vaccination, to prevent or limit the violence of the true smallpox. But the inoculation by the blood presents so many dangers in the way of the introduction of animal diseases and septic virus, that the only safe mode of practicing such protection seems to be the exhibition of the modified virus of the cowpox by the mouth—experience showing that the digestive juices resist the complicating poison better than does the actual blood of the scarified or "vaccinated" arm. Just so in scarlet fever; it is obviously not possible to safely inoculate the blood with any modification of so subtle a poison, but, in a kindred vegetable poison, the juice of the deadly nightshade, belladonna, we find at once a preventive and remedy for the great majority of cases.

The mistake commonly made, and the most frequent source of failure in the use of the potent belladonna as a preventive or as a remedy, has been and always will be the using of belladonna too strong. It must not be given, as some have tried it, in doses of the extract sufficient to dilate the pupil of the eye; but let it be given in an infinitesimal portion, such as is found at the homeopathic pharmacies under the name and rank of the two-hundredth potency of belladonna, and let a dose be given once or twice a week during the exposure, if in the same house, or once a month if only in the neighborhood, and the disease will either not be taken or its manifestations will be slight.

In all cases, however light, the same care and watchfulness are always needed to guard against possible complications and sequelæ. Prevention includes, further, such means of disinfection in the house and room as will lessen the violence of contagion, and at the same time not be injurious to the patient.

The burning of sulphur is valuable; but, as Doctor Squibb has pointed out, no thorough work is done by dry sulphur smoke; it must be rendered moist by the presence of the vapor of water. Dry sulphur smoke does not seem to lay hold of the germs; but it may be easily moistened in this way: Stand the dish or can containing the sulphur to be burned in a dish of water, or in a dish of wet sand, or let water be boiling on a stove close by; and by these means you will be able to vaporize enough water to moisten the sulphur fumes and render them sufficiently active.

It is proper to protest against the burning of sulphur or of any acrid smoke in the presence of the patient. The makers of Spencer's fumigating pastilles, which contain a portion of bichloride of mercury, claim that they may and should be burned around the sick bed; but personal observation has proved that much harm may result from such poisonous fumes. Although the patient may tolerate them, it is because sensation is lessened in such cases, for those who speak of it say they have felt a swelling and aching of the throat, and a manifest increase of fever, as the effect of using the pastilles too close. If boards of health are to have unlimited power, let them be very sure of their facts; for the experience of to-morrow may, as it often does, upset the theories of to-day, and condemn the practice based on such theories. The physician should be progressive, and feel tied to no rules so fast that he will not give them up, if he sees a better way.

Another very useful disinfectant in the sick room, as well as near it, is the solution of the chlorides known as Platt's chlorides. It may be used by cloths wet with

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it hung up around the room and over the doorway of the room, and used to wet the carpets and clothing when these are brushed and scoured.

Still another plan proposed is the burning or vaporizing of eucalyptol and turpentine. These may be useful, but at the same time must be used with caution about the scarlet-fever patient, for fear of irritating the lungs and the kidneys, which are peculiarly sensitive to these pungent agents.

Penciling the throat and nose with antiseptic applications is also of very dangerous utility; it certainly cannot destroy the contagion, and it may be of great danger to the patient.

All personal discharges from the nose or mouth and elsewhere should be at once burned up or promptly disinfected, but the body of the patient cannot safely be subjected to such treatment.

The value of fresh air in the house and room is incalculable; fresh air and sunshine will destroy all the poison as quickly and more safely than many of the common disinfecting agencies. Sufficient warmth must always be had, but fresh air is imperatively demanded. All dishes and clothing used should be kept separate and cleaned by themselves. Persons in attendance on scarlet fever, however thoroughly they may have had the fever themselves, are frequently liable to a sore throat, often of a diphtheritic character, for the poison seems always first to attack the throat. This secondary sore throat may itself be contagious, though slight in itself, and therefore is a proper source of solicitude. An occasional gargle of water containing alcohol or brandy, and the daily use of a dose of belladonna 200th, will generally prevent such sore throat.

Let as few as possible be around the sick with scarlet fever, and exclude all visitors, even those who may have had it. Let those who go out to work or to purchase for the family be others than those who nurse the sick in the house, and let the city and the physicians see that no one suffers by too great isolation; no starvation or cold should be forced on any household because of the necessity of protecting other citizens. But no good end is ever gained by concealing the fact that scarlet fever is present, and the placard should make the fact public. When inmates of an infected house are abroad, they should avoid crowded places until they have been some time in the fresh air, or have exposed themselves to the vapors of moistened sulphur smoke.

In regard to schools, it is proper that children from a scarlet-fever house be kept at home long enough to be sure they will neither have it themselves nor carry it to others. Most of the harm in spreading the disease is done by letting the little patients out among their playmates before they have fully recovered.

We are now right in the consideration of the last form of protection—quarantine, with its necessary isolation. The Academy of Medicine of Paris, France, in 1882, adopted a rule fixing the period of isolation proper for scarlet-fever patients at 40 days. At the same time they ordered that other diseases should be kept by themselves, thoroughly isolated, as follows:

Smallpox, 40 days; chicken pox, 25 days; measles, 40 days; mumps, 25 days; diphtheria, 40 days; followed by bathing and change of clothes, the old clothes to be baked, fumigated and scoured before subsequent use. The custom in Erie is to observe a much less period of isolation, often too much less, with great danger of spreading the diseases. Several oversights have prevented the writer of the present paper from cabling to Paris for advice as to whether these rules of isolation are still in force, but it is presumed that they are.

One very important reason why scarlet fever should be so carefully isolated, even by aid of placards on houses, which have not yet been used in Erie, is the fact that

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any case of scarlet fever, known by other names, as scarlatina and scarlet rash, may give rise to or be complicated with diphtheria; and it is a fact capable of the strongest proof that many cases reported solely as diphtheria are, in reality, forms of scarlet fever, while the results are just as fatal and as disastrous as in diphtheria of any other form.

This relation of the poison of scarlet fever to the production of diphtheria is not enough known to the public, for it is a fact that any case of scarlet fever may have or may give rise to diphtheria in its worst forms. And it is important to recognize this, for scarlatinal diphtheria is not only just as dangerous as common diphtheria, it is even more dangerous in its liability to affect the kidneys, or to be followed by extensive ulceration and sloughing of the throat and ears.

Scarlatinal diphtheria also often demands a different treatment, and one child at least is believed to have died a victim of diphtheria, the fact that it was caused by scarlet fever not being known till after death, when the next-door family was found to have had scarlet fever, but thoughtlessly or wickedly kept it concealed. How important is it, then, that every case of scarlet fever should be most thoroughly known, by report and by placard, and the quarantine enforced a sufficient number of days to be effective. It is not to be denied that light cases will always be apt to escape notice or recognition, and so keep the disease going, but it is none the less our duty to keep up the reporting, placarding and isolation of all known cases of scarlatina and the administration of the homeopathic dose of belladonna to well neighbors as a preventive.

Forty days may seem an unreasonably long time to isolate a case that may be well long before the 40 days are over; but when we think of the peeling of the skin that follows scarlet fever, and the terrible results that are liable to occur from a lack of caution during convalescence, both in the shape of danger to the patient and danger to the neighbors, and the certainty of contagion to all concerned who are in any was susceptible, it seems as if 40 days were none too long a time to keep the patient himself secluded, although under proper precautions of fumigation by moist vapors of sulphur and plenty of fresh air; other members of the family may be permitted to go about as usual before the expiration of the 40 days. All books, toys and clothing used during the period of isolation should be removed, destroyed, or thoroughly baked and disinfected; the walls of the room may be rubbed with slices of fresh bread, to remove all germs, and then newly papered, whitewashed or calcimined before new tenants are allowed.

It is not the place here to say much of treatment, only to call attention to the dangers of taking cold, the great and often fatal dangers of the external use of cold water, in baths or cold packs; the danger of the common chlorate of potash, as liable to bring on fatal inflammation of the kidneys; and the importance of calling a physician early in the case.

As a parting word, remember that scarlet fever, besides its own many and great dangers of deafness, dropsy, stiff joints, etc., may have with it or give rise to the worst forms of diphtheria, and that belladonna 200th and complete isolation are its best preventives.

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COMPULSORY DOMICILIARY QUARANTINE AGAINST DIPHTHERIA.

BY J. H. MONTGOMERY, M. D., OF ERIE.

During the early part of February of the present year, considerable space in the daily papers of the larger cities was devoted to the discussion of the recent appearance of typhus fever at one of the large seaports, and the probability of the disease spreading.

Typhus fever had just appeared in New York, attacking a number of newly-arrived immigrants, mostly Russians, who made the trip in a densely-crowded steamer. It was afterward learned that many of these people had spent some time in lodging houses containing typhus-fever patients previous to embarking for America.

With the first outbreak of the disease, the New York board of health at once took active measures to prevent the disease spreading. All the immigrants were traced as far as possible, and as many as possible were placed under quarantine until the usual period of danger was passed, and all cases of the disease removed to the hospital for contagious diseases. All premises occupied by typhus-fever patients were thoroughly and carefully fumigated by the officials of the New York health department, and every vessel arriving from a port where typhus fever was prevailing was quarantined and fumigated before being permitted to approach the city and land her cargo.

Owing to the strict measures employed, there have been but few cases outside these immigrants. The additional cases have occurred among those exposed to the disease in patients in the hospital for contagious diseases, so that practically the epidemic was limited in extent, and confined to a small area, viz., the island in New York bay, whither all the typhus cases had been removed, and where they now are. Up to March 18, there had been 155 cases, with 26 deaths, a mortality of about 16.8 per cent.

Typhus fever is a disease requiring considerable exposure before contracting it. The crowding together of those sick with the disease seems to intensify the poison and to render its transmission more likely. It is directly contagious, and is transmissible by the atmosphere, though, as abundant evidence goes to show, only to a limited extent, perhaps only a few feet. It is probable that the poison can be conveyed by clothing worn by patients suffering from the disease. At any rate, it is not the most contagious of the contagious diseases.

The mortality of typhus fever is variously stated to be from 10 per cent. to 18 per cent. Murchison states that, after excluding deaths resulting from sequelæ, the mortality is about 10 per cent. Among children the death rate is remarkably small.

Collie, of London, gives the following:

London Fever Hospital, up to age of 14, 1.78 per cent. (Ency. Dis. Child., vol. 1, p. 501.)

Easton Hospital (Fever), up to age of 14, 1.76 per cent.

Southwestern Hospital (Fever), 3.84 per cent.

For purposes of comparison, let us look at the percentage of deaths occurring among the other severe contagious diseases:

Yellow fever, 50 per cent. (Bemiss, New Orleans, Pep. Sys. Med., vol. 1.)

Yellow fever, 29 per cent. (Guiteras, Charleston, Ency. Dis. Child., vol.)

Yellow fever, children, 10 per cent. (Guiteras, Charleston, Ency. Dis. Child., vol. 1.)

Smallpox, 15 to 50 per cent. (Hyde, Pep. Sys. Med., vol. 1.)

Cholera, 50 per cent. (Stillé, Pep. Sys. Med., vol. 1.)

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The mortality of children from smallpox and cholera I cannot find expressed in figures. It is stated to be very high in smallpox, decreasing with the age of the patient. The above figures are only an average, and will be found to vary in different epidemics.

The disease first spoken of, typhus fever, was vigorously combated at the beginning of the recent outbreak in New York, and with success, so far as preventing its spreading either over a large area or among people beyond those necessarily exposed to the disease.

Were a case of smallpox, yellow fever, cholera or typhus fever to appear in any city or town, the proper authorities would at once remove the patient to a hospital for contagious diseases, or, in the absence of a such a building, would isolate and quarantine the dwelling entertaining such a case. All persons exposed to the disease would be quarantined until the usual period of incubation was past, and, after the recovery, the premises occupied by a patient would be thoroughly and completely disinfected and fumigated by the best-known means before it would be again occupied. The consent or wishes of the patient or landlord would not be asked. Very little opposition would be offered; in fact, assistance rather than opposition would be offered to render the abode free from the risk of contracting a dangerous disease. Were such precautions not taken by our sanitary and health officials, severe censure from the press and public would follow the neglect of those in authority to prevent the spread of the disease.

Since September, 1891, our city has been visited by an epidemic of diphtheria, there having been, from September 21 till March 25 — according to the records of the health department — 261 cases, with a total of 105 deaths from the disease, giving a mortality of 40 per cent. This is larger than the mortality of typhus fever, which, in the present epidemic, was 16.8 per cent., and, as a rule, is not over 18 or 20 per cent. — about equal to the average mortality of smallpox, though probably less than it would be in smallpox patients of the same age — greater than that of yellow fever for the corresponding age, and about equal to that of cholera. It should be borne in mind that this mortality of 40 per cent. was only for this particular epidemic. In some epidemics it would doubtless be less, in others greater. Jacobi, of New York, is authority for the statement that in some epidemics it reaches 95 per cent. (Pep. Syst., vol. 1, p. 692.) If this be true, we know of no disease that may be attended with greater fatality than diphtheria. All the diseases against which such strict sanitary measures are directed to prevent their extension — viz., smallpox, yellow fever, cholera, and typhus — are infectious, communicable, and contagious. The poison can be transmitted by the atmosphere, is capable of clinging to inanimate objects for an indefinite length of time, and then, under suitable conditions, developing again.

In comparison with the characteristics of these dread diseases, let us see what diphtheria has in common with them. Jacobi states: "Hardly any disease clings so tenaciously to solid and semisolid bodies, and, in this way, is transmitted, even after a long time. Hardly any disease clings so tenaciously to dwellings and furniture. It can be transported through the air — though probably not to any great distance — certainly transmitted by spoons, glasses, towels and handkerchiefs used by the patient." . . . "The character of the disease communicated and local manifestation do not depend on that of the original sufferer; thus, mild cases may produce severe, and *vice versa*."

Practically, then, diphtheria is a disease that is contagious, infectious, and communicable — as we know the other so-called contagious diseases to be — and is attended with a mortality almost as great.

Let us consider for a moment what course would be pursued were a few cases of

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smallpox or typhus fever to suddenly appear in the midst of a community — a possibility at almost any time — and, for purposes of further comparison, let us make the same inquiry concerning yellow fever or cholera, which, fortunately, is not probable, except at a seaport.

In response to this question, the reply of 90 per cent. of the people would be, in substance: "Remove such cases to a pesthouse or hospital for such diseases, if one exists; if not, isolate the patient and all who have been in contact with him, until all danger of the disease developing in those exposed is over. Disinfect and fumigate the dwelling, and do not allow anyone to occupy it until such precautions have been taken." Why are such precautions necessary? may be asked. The substance of the reply would be: "Because these diseases are certain to spread, unless the proper measures to prevent are taken at the start, and are attended with great mortality; and unless the necessary precautions are taken, an epidemic of the disease is sure to ensue, and many deaths result, the mortality of these diseases being great."

It has been shown that diphtheria is a disease infectious, contagious, and communicable, and, like the others, its poison has the power of clinging to various objects — such as clothing, furniture, bedclothes, playthings, etc., for an indefinite time, and then redeveloping, thus causing new epidemics of the disease; its mortality is greater than in typhus fever, as great as in smallpox, yellow fever, or cholera, and in some epidemics may even be greater than in these diseases.

What should we do when diphtheria appears in our midst? Have we taken the same precautions to check its spread as we should if typhus fever, yellow fever, smallpox or cholera were to appear? No. Is it not practically as contagious and the cause of as many deaths as any of the other infectious diseases? Yes. Have we been careful to isolate cases of the disease at the start, and quarantine those exposed, until danger was passed? Have we carefully and thoroughly disinfected and fumigated infected dwellings before permitting them to be again occupied? In fact, all efforts in this direction have been greatly resisted, and the disease soon spread to a point beyond control.

Contrast for an instant the apathy and indifference shown by the public in taking the proper steps to prevent the spread of this fatal disease and the interest and anxiety to check the spread of the other diseases that are commonly called contagious. Were the same indifference and neglect shown in cases of smallpox, typhus fever, cholera, and yellow fever, extensive epidemics would follow, and countless lives would be lost, which are now saved by the enforcement of sanitary measures. Instances have been known where the public, during the prevalence of an epidemic of diphtheria, were content to sit with folded hands and see child after child die, and even go so far as to refuse to assist sanitary officials acting in an official capacity to prevent the disease spreading. The public were rewarded by seeing the disease spread, and numbers of children carried off who might be living to-day, had the epidemic been checked. What should we do when diphtheria makes it appearance? There is but one answer: To use exactly the same measures as would be employed against the other contagious diseases having a high death rate, and which spread rapidly unless vigorously combated at the first outbreak.

Completely isolate the very first cases; quarantine every exposed person, until all danger of the disease developing in those exposed is over. Fumigate thoroughly the dwelling occupied by such a case, before permitting it again to be occupied. Prompt removal of the first cases to a special hospital, with quarantine of those exposed, would effectually check the disease.

Diphtheria being essentially a disease of childhood, there would doubtless be a popular prejudice against forcible removal of the little sufferers from the mother's care, and it is doubtful if a law to this effect could even be enacted. Fortunately

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the same object can be accomplished by another method, and one that is applicable to every community however small, viz., complete isolation and quarantine of every dwelling containing a case of diphtheria, until it is well, and until sufficient time has elapsed for all exposed to be free from danger; complete and thorough fumigation of the dwelling, and destruction by fire of all clothing and bed clothing used by the patient during the attack. That complete domiciliary quarantine of a house or houses containing an infectious disease is possible and practicable, has been repeatedly shown. An instance, fresh in the minds of many, is the outbreak of smallpox a year since at Johnsonburg, Pa.; here compulsory quarantine was rapidly enforced, and the result was that the epidemic was quickly suppressed.

To obtain this end, the willing and hearty coöperation of the public with physicians and sanitary officials is absolutely necessary, and this alone is not sufficient. We must have the laws necessary to accomplish this enacted, with full power to enforce them, and sufficient appropriation to defray the expense entailed. In no other way can the necessary isolation and quarantine in an epidemic of diphtheria be obtained, and this is the only method by which we can hope to eradicate this disease, as we have done with smallpox and the other infectious fevers. In a very brief time the good results accomplished would teach the public to regard diphtheria in its true light, as being equally dangerous as the other dread diseases, and their hearty assistance would be given our officials in their good work. Until we secure this power and the means to accomplish it, we will see diphtheria spread and countless lives sacrificed, many of which would have been saved had the disease been vigorously combated at the outset by that good system of compulsory domiciliary quarantine which has been so successfully employed in infectious diseases.

THE NEED OF NATIONAL LEGISLATION FOR THE PROTECTION OF HUMAN LIFE.

BY A. N. BELL, A. M., M. D.

The need of national legislation for the protection of human life is based upon the knowledge of the transmissibility of epidemic diseases by commerce.

This need obtains to a larger degree for the United States than for any other country in the world, because, while the states severally have many inherent rights and obligations of their own, and among these rights certainly that of self-protection against dangers to human life, the nation alone has the power to regulate commerce; and because, related to this commerce, the United States greatly exceeds any other country in the world as the collective center of all nationalities and habits of life, more or less at variance with the conditions promotive of or in conflict with their own health or of the public health in this country.

Commerce, as hitherto conducted in the United States, in default of national legislation to prohibit the introduction of epidemic diseases, has been and is in constant antagonism to the efforts of the states and their seaports to prevent their introduction. Hence, it may be truthfully asserted with regard to sanitary progress in this country, that it has not only been made for the most part without the aid of the general government, but in actual contention against the government practice in the contrary direction.

At the outset the general government essayed to aid the seaports, by providing hospitals for those sick with infectious diseases and warehouses for infected merchandise; both of which commodities it has persistently supplied, to the jeopardy

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of the public health and at great pecuniary cost to the people. It has fallen under my own observation that some such structures eventually became so dangerous that the people in their vicinity destroyed them; but some still exist at other seaports, memorials of the nation's efforts to coördinate the introduction of pestilential diseases with an unrestricted commerce in them. Fortunately, every state in the union has the power to impose regulations for its own protection; and all, or as many of the states as may so agree, have the power to impose interstate regulations for mutual protection against the introduction and spread of epidemic diseases in their midst. Indeed, not only every state, but every municipality and corporate village or town has similar power; and it has been in the exercise of such power by the corporate communities and the states severally, that, excepting the progress made in army and naval hygiene and the work of the national board of health during its brief existence, all the progress in preventive medicine in this country has been made by the people, in their own behalf, against the fostering of disease by commerce. For this reason it is that there are not wanting some advocates of state and local sanitation exclusively, as abundantly sufficient; and they would sustain the proposition by reference to the triumphs over preventable diseases by a large number of local boards of health throughout the country — particularly to the progress made under the auspices of the state boards. Indeed, such advocates — looking at but one side of the question — might cite one of the most triumphant examples of sanitary progress on record to show the sufficiency of local effort alone when fully aroused.

It has been a favorite maxim with me for many years that progress in measures for the protection of human life primarily consists in exposing the consequences of their neglect. In 1864, six years before the state board of health (that of Massachusetts in 1869) was established, I was privileged to belong to a voluntary association of citizens in New York, whose members all appeared to me to be animated by the same sentiment — to seek out and publish the localizing causes of disease throughout the city. The report of the association at the end of that year showed that, in an estimated population of 700,000, 495,592 persons lived in tenement houses and cellars, with an average of 7½ families to each tenement house, and that many took boarders besides. The tenement houses of one of the most thickly populated districts contained from 10 to 50 families each. The *pro rata* of ground area to each occupant was less than 15 square feet, and the space in the apartments to each occupant less than 300 cubic feet. One half of the tenement-house population had less than 500 cubic feet of air space to each person. The filthy surroundings were loathsome in the extreme.

The total number of deaths reported for the year 1863 was 25,196 — an increase of 3,952 upon the previous year; during the year 1864 there were several hundred more, and for the whole population a fraction less than one death annually to every 35 of the living.

For a period of 25 years, terminating at that time, the number of deaths reported by the city inspector annually had fluctuated from one death to every 39 to one for every 27, and had even been as high as one to every 22½ of the whole population, while among the most overcrowded tenement-house population it was one to every 19 of the living.

The outcome of that exposure was the establishment of the metropolitan board, in 1866. Under it and its subsequent modifications, cellar tenements have long since ceased to exist; the air space of the tenement houses has been enlarged, by law, to not less than 600 cubic feet for each occupant; the death rate of the city has been reduced to an average of about 24.5 per 1,000 of the whole population; and for the tenement-house population — counting in the advantage gained by an improved

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class of tenement houses—the mortality has been less than among the nontenement class—due, doubtless, to the better surveillance of the tenement houses by the health department. On the whole, a reduction of about 10 per 1,000 of the population annually has been made in New York city since the establishment of the first scientific board of health there in 1866. The result since that time, as compared with a like period preceding the awakening of public attention and subsequent legislative action—brought about by the citizens' association—has been the saving of more than 500,000 human lives.

Again, the quarantine at the port of New York, aided (?) in the manner before indicated, and fed by commerce, had been, like the tenement houses of the city, getting more and more deadly—proportional with patronage—until, in 1856, it reached a climacteric period.

The health officer's residence was at Tompkinsville, and the boarding place and anchorage in the Narrows, between Staten island and the Long island shore. In this narrow channel, from opposite the northern end of Staten island, extending southward, and including Gravesend bay, between Coney island and Fort Hamilton, in the immediate trend of the prevailing southwest wind toward the Long island shore, not more than 300 yards distant, there were anchored at one time during that summer over 200 infected vessels, chiefly with yellow fever. That the disease should have been communicated to the people in such proximity on the Long island shore is perfectly consistent with the nature of such a mass of infected material everywhere. Moreover, it was through the midst of this accumulation of infected commerce that all vessels to and from the port of New York, for the time, had to pass.

But it was a blessed epidemic. It roused the people round about to the assertion of their rights, for which they did not cease to contend until the quarantine, as it was at that time conducted, was destroyed, and subsequently, by act of the legislature, supplanted by the most efficient quarantine establishment in the world.

It would be any easy matter to cite other scarcely less signal triumphs of sanitation in the United States, independent of the several governments, equal to any that have taken place elsewhere during the now more than 40 years since I have been not an wholly inactive observer. It is with knowledge limited to such progress in sanitation by the states and small communities that there are not wanting some men of influence wholly opposed to national legislation for the protection of human life. If the states and many populous communities severally have such power, and have used it with such good results as those illustrated by the examples cited, they ask, In what consists the necessity for national legislation?

First, because there is too much independent power on the part of state and municipal officials, and, above all, of merchants and their shipmasters, to do as they please, regardless of sanitary knowledge, or to ignore its importance when its exercise does not happen to harmonize with the political standard set up, or to chime in with money-getting propensities at the risk of the public health.

Of these, examples are by no means wanting. As one on a small scale, but exceedingly mischievous in its direction, the port of Perth Amboy, N. J., has been a thorn in the side of the New York quarantine and a menace to the health of the city ever since it became a port of entry. It claims the right—though not in so many words—and has frequently made attempts to exercise it (and not always ineffectually, there is reason to believe) to execute its privilege as a port of entry for infected vessels, whose masters desire to shun the New York quarantine, by issuing a new clearance to New York, under the privilege of being a healthful port and a purblind health officer to the condition of the vessel.

But dangerous as such powers are, independent of even state control, they are insignificant as compared with some officials in higher places who would sacrifice

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the health of the state and nation to the opportunity for embarrassing a political opponent.

Every sanitarian in the union knows that we have not far to seek for a prominent example in justification of these remarks; that for several years preceding the arrival of cholera-infected vessels at the port of New York, in 1887, the quarantine establishment of New York had been allowed to decay and become notoriously deficient in means for the protection of the public health — in the face of universal intelligence that cholera was abroad — because the governor of the state preferred to take the risk of a cholera epidemic rather than approve of legislative appropriations for preventive measures to be applied by those who differed with him in politics.

Unfortunately, this is not an isolated case, only in so far as it is the less excusable by reason of the prominence of the official, and the consequently increased danger of a following. Indeed, this is already manifested by the action of his immediate successor, who has, for professedly economic reasons, just vetoed an appropriation for completing the repairs which his predecessor was driven to undertake by Mayor Hewitt and others of New York, when the amount asked for by the quarantine commissioners to complete the work would have increased the state tax per capita only *the sixth of one cent.*

The functions of the health officer of the port of New York, as with that of every port health officer in the United States, end with each case as it arises, while the recurrence of cases is continuous, a constant tax upon the port and the state, a menace to the public health, and an unmitigated burden to commerce.

Twenty-eight years ago, at the meeting of this association, at Boston, in 1865, I submitted a brief paper on the "Introduction of Disease by Commerce." We have learned a good deal about the etiology of some commercial diseases since that time, but nothing to gainsay the force of the illustration then given, particularly with regard to yellow fever, which is a constant menace to the Southern section of our country, or of the pertinence of other infectious diseases introduced by commerce.

But that paper was evidently premature. And for that reason, fortified as it now is by increased observation and more general knowledge on the subject, an abstract of it is deemed appropriate to this occasion, as follows:

"Since yellow fever appeared in the Brazils, about 16 years ago" (it has now been 44), "it has extended over the entire Gulf of Mexico, the West Indies, and to most of the Southern states, and finally to the Pacific coast. But all the while it has clung with remarkable tenacity to regions and localities remarkable for general resemblance — for the time being, at least — in local and climatological conditions.

"In 1851-'52, the harbor of Rio Janeiro was crowded with infected vessels, many of them destined for the Pacific. How many of them arrived there still infected, and touched at places where yellow fever soon after for the first time prevailed, we have no means of knowing; but a few have been traced.

"About the middle of the year 1851, the steamer New World, on her way to California, touched at Callao, after having lost almost her whole crew by yellow fever in Rio. The steamer Quito also, during the same season, lost several of her crew there, proceeded to the Pacific, and arrived at Callao in April, 1852. Soon thereafter a mild form of fever broke out in Lima and along the coast of Peru, which the natives called 'pelusa,' just as in 1849 the precursory form of fever which prevailed in Rio was called 'polka.' The disease speedily developed into a perfect type of yellow fever, and has become domiciled.

"June 6, 1855, the steamer Ben. Franklin arrived at Norfolk, Va., from St. Thomas, where she had lain several months during the prevalence of yellow fever, and had lost several of her crew with the disease, and had also lost two or three more with

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it on the voyage to Norfolk; but at the time of her arrival she had no one on board sick with it. On July 5, a man who had been working on the boiler of the Ben. Franklin two days before was taken with yellow fever, and died on the fourth day of the disease. This was the starting point of the fever, which subsequently prevailed so extensively at Portsmouth and Norfolk until the beginning of cold weather.

"Early in December, 1857, the United States steamer Susquehanna arrived at San Juan de Nicaragua, from the Mediterranean two months before, touching by the way at Genoa, Madeira, and Key West. She remained at San Juan until the first of the following April, having had, during the whole time she laid there, a constantly increasing sick list of a precursory fever; at first intermittent, then remittent, but all recovering until March 20, when a case became malignant and died.

"The ship put to sea April 1, and on the 5th arrived off Port Royal, Jamaica, with 106 officers and men down with yellow fever. Most of these were sent to the hospital, and on the third day afterward the ship sailed for New York, where she arrived April 15, with 41 on the sick list."

The remarkable feature in the case of the Susquehanna was that, at San Juan, where the yellow fever first broke out on board, there was no yellow fever at that place, and the disease had never been known to occur there. Moreover, the Susquehanna had been more than two years on service in the Mediterranean without having having had any extraordinary sickness on board when she was ordered to San Juan de Nicaragua; but she had had yellow fever on board during her preceding cruise in the Gulf squadron the summer before she was ordered to the Mediterranean, three years before. She was supposed to have been cleansed before she was so ordered, and owing to the unpredisposing conditions of the climate during the interval and while she remained on the Mediterranean station to the revival of the yellow-fever infection, which, as the sequel shows, she still retained until she returned to the conditions of the yellow-fever habitat at the port of San Juan de Nicaragua.

It is contended by those who persist in their endeavors to elude every restriction upon commerce in disease by foul vessels, that there have been such improvements in ship architecture during recent years as to have well-nigh overcome such conditions as those cited. They would have us believe that because the modern iron ships and water ballast, which have taken place of wood and stone, are more easily kept clean, they are less liable to infection than the ships of a past generation. But the continued and more certain propagation of epidemic diseases by commerce, and by emigrant ships particularly, is conclusive testimony against that contention. Indeed, admitting the improvements with regard to the passenger-carrying capacity of emigrant ships, such improvements are not infrequently found to be very decidedly in conflict with the health of the passengers, and no less dangerous to ports of arrival than were the passenger and traffic vessels of a past generation.

All sanitarians are more or less familiar with the conditions promotive of dis-
ised within the tenement walls of brick vertically and longitudinally di-
compartments by hallways and partitions, pierced here and there with
ngress and egress, and provided with windows for light and some fresh
shaft or otherwise—from pavement to roof, though ever so much over-
And in civilized communities everywhere the misery of people, who,
poverty or other causes, occupy such unhealthful tenements, has never
excite public sympathy; insomuch, indeed, that in some communities, in
w, for example, whole blocks of such tenements have been destroyed by na-
law* and healthful tenements substituted, with result of reducing the death
ho occupied them from 70 to 24 per 1,000.

inent, 1866-1871.

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But not so by any means with regard to the iron tenements afloat, with their several submerged floors and apartments — a basement 20 feet below the water level, with a filthy, stagnant sewer of bilge water beneath it, without a window for light or air nearer than 30 feet above the sewer, and no opening for egress or ingress except through the roof deck, and this deck not infrequently converted into a pound for cattle. The intervening deck between the cattle pen and the steerage for emigrants is commonly divided into compartments for the mails and storage. The required air space in the steerage by law* is from 100 to 120 cubic feet per capita.

Below the steerage is the hold for cargo, dark and airless, except by the ekeage of the foul gases into it from the bilge, which contributes more or less foulness to the cargo, according to the tightness or otherwise of the ship's lining between and the nature of the cargo.

Surely it is no wonder that such tenements afloat, with no sanitary surveillance worthy of the name, should become the hatcheries of typhus fever and other infectious and communicable diseases. The Massilia, by which typhus fever was introduced into New York in January last, is an example. Five years ago, at the meeting of this association in Chicago, I made a report on "Medical and Sanitary Service on Board Emigrant Passenger Vessels," containing a computation of the death rate of 27,157 emigrants who took passage to New York during the month of April, 1887. Forty-one died on the voyage — an annual rate of over 55 per 1,000, giving 10 days as the average duration of the time the passengers were on board ship. The mortality was not particularly excessive for that month, and it is not believed to be in excess of the present rate.

It is the misfortune of the New York quarantine that no record of the history of infected vessels has been kept. The health officers seem to have regarded their records as personal property, and have taken them away with them. Indeed, in their published official reports even the names of infected vessels are rarely given, except incidentally. The report for 1891 is an exception; at least with regard to emigrant ships. But gleaning such records as I have been able to obtain, covering the last five years, there is no difficulty in designating some of the emigrant ships as rounders, with regard to their liability to infectious diseases, indicating a continuous state of receptivity. The Alesia, which brought cholera to quarantine in 1887, is an example. She brought smallpox twice in 1888, twice in 1890, and she has recently arrived with measles. There are several other repeaters within the same period, of two or three times each; and Dr. William M. Smith, who has occupied the post for nearly 12 years — recently relieved — informs me, with regard to yellow fever particularly, his recollection is that the disease was remarkably persistent, year after year, to certain vessels during the early years of his service. His report for 1889 contains this remarkable statement: "The fact is worthy of special consideration, as illustrating the efficiency of the system adopted at this quarantine for the exclusion of yellow fever, that in no instance has the disease occurred among the passengers or crew of vessels from ports known to be infected ports; the cases that have arrived were from localities where the disease was not known to exist, and on vessels that carried clean bills of health." It would be difficult to adduce clearer evidence than this of the persistence of ship infection and its danger, even when not directly from infected ports.

That such infected conditions of merchant vessels are no less common now than they were 30 years ago, it is only necessary to call attention to the outbreaks of yellow fever continually occurring on board vessels in frequent communication with Rio, Santos, Guyaquil, and other yellow-fever ports, in commercial intercourse with the seaports of the United States.

* Acts of Congress, 1882 and 1887.

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What is said with regard to the persistence of the yellow-fever infection in such vessels also applies to other infections, and the recurring outbreaks of infectious diseases on board emigrant ships — *they are not disinfected.*

My opinion, with regard to efficient disinfection and the means of applying it, is sufficiently well known to require no repetition in this place. It will suffice to state that, while *steam* is everywhere acknowledged to be the most efficient of all means, it is still, so far as I am informed, unused for the disinfection of vessels at our quarantine stations. At the New York establishment it has been used twice — first, to the United States transport steamship Delaware, infected with yellow fever in 1862; and second, to the emigrant steamship Britannia, infected with cholera in 1887 — in both instances in accordance with my advice, and with complete success.

Moreover, from all I have been able to learn of common practice in the premises, no attempt is made to apply such disinfectants as are used to the bilge — the breeding place of infective germs — and but rarely to the hold. The masters of infected emigrant ships have been *directed*, after permission to go to the wharves of the city and removing cargo, to disinfect the hold with sulphur or chlorine, and to wash with mercuric-bichloride solution; but I have not been able to find anyone who has seen this done — even if it ever has been done. Is there anyone who appreciates the by no means overwrought description I have attempted to give of a modern emigrant ship, who thinks that the dark and close recesses and crevices more or less common to all vessels, the special lurking places of disease germs, are ever penetrated by such means; or that the filthy paste composted by the motions of the ship, of the leakage at yellow-fever ports and bilge water with which the limbers of vessels are plastered from the keelson to the deck, are ever reached by the bichloride or any other solution, or by any fumes evolved in the hold, without exposing the limbers?

But I am gratified at being able to state that Dr. William T. Jenkins, the recently appointed health officer at the port of New York, promises the speedy application of steam to infected vessels, by which means, at a sufficient temperature to kill all disease germs without injury to the vessel, disinfection may be effectually accomplished.

While the recent laws of France and Germany against the importation of American pork obtained, no American ship laden with pork was cleared for those countries. Would it be a greater burden on France or Germany to prohibit the exportation of typhus or any other like dangerous disease thence to the United States than was the prohibition of pork from America? The solution of the question requires no argument, and it applies equally to all other countries.

The port health officer of the United States, and the health officer of the port of New York in particular, with regard to emigrant ships, are our sole reliance; they are assumed to possess ample power for the prevention of the introduction of epidemic diseases from abroad. But, so long as emigrant ships are permitted to receive passengers and their luggage without restrictions; vessels known to be infected with cholera, or to have merchandise suspected of cholera infection, refused entry at English ports, but given "clean" bills of health to proceed to American ports; merchant ships to receive any sort of merchandise at the tropical ports of South America and the West Indies, where yellow fever obtains, and clear for American ports without credible bills of health — so long as any of these conditions obtain, and so long as there is no intelligent and reliable sanitary inspection at the *ports of departure*, and for *emigrant ships*, no competent sanitary supervision *during the voyage*, just so long will the people of the United States be subject to epidemics imported from abroad.

Every person acquainted with the construction of seagoing vessels, and with

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knowledge of the practices of those who command them, knows that it is often wholly impracticable, under the willful deceptions that commonly obtain among the masters and medical officers of emigrant ships, and the clearance conditions of merchant vessels generally, for health officers to obtain reliable information with regard to infectious diseases at foreign ports; the sanitary condition of the vessels at the time of clearing; their previous condition — whether recently infected or not — or the nature of any disease that may have occurred during the voyage. Indeed, the present state of conducting commerce in epidemic diseases, by which they are so carefully concealed by those who set more value upon dollars than upon human life, is such that it is frequently altogether impracticable for the port health officer to discover their hiding places.

The only way of meeting and overcoming these dangerous conditions to the health of the people is by efficient *international* regulations, and a necessary prelude to these is a *national health service* — a service such as that contemplated by the bill of Senator Harris for a national board of health, introduced in the senate, December 10, 1891.

As compared with other proposed national legislation with the same object in view:

It provides for a competent *personnel* in the organization of the board; the utilization of the consular service of the United States as a means of information; the naval and marine hospital services; coöperation with state and municipal authorities; voluntary public and private associations — in short, with all sources of information relating to climatic and other conditions affecting the public health. While it makes it unlawful for any merchant ship or vessel from any foreign port to clear for any port of the United States except under clearly defined regulations for the protection of the public health, it respects the right and obligations of foreign nations to practice sanitation at the ports of departure, and — with regard to emigrant ships particularly — during the voyage. It provides against such cases as the one cited — the action of the health officer of Perth Amboy against the quarantine regulations of New York. It offers aid to all sanitary authorities in the United States, when required, to prevent the introduction of, and to seek out and destroy, epidemic diseases and the conditions which promote them. There is no need of pursuing the excellent provisions of this bill in further detail. I prefer to take it for granted that every member of the section has made himself familiar with it.

One important deficiency, however, is apparent. While it provides for and exacts practical sanitation by the rightful authorities at ports of departure of foreign nations, it exacts none at our own ports; it leaves the clearance of vessels, emigrant or otherwise, proved to be infected — as was the Massilia — at the discretion of those who command them. A clean bill of health can be obtained from the port in such cases in the absence of prevailing epidemic disease in the city, yet the *ship* may be dangerously foul. To fill the bill, in this particular, the government is already adequately equipped — it only needs detail. The United States marine hospital service has, in default of international legislation (contemplated by Senator Harris's bill), done some excellent work, through the courtesy of foreign nations — particularly at the port of Havana — to prevent the transmission of epidemic diseases hither. And, apparently, with the purpose of continued reliance upon the service of its medical officers in foreign ports, by courtesy, a bill is now before Congress to that end. But surely it must be well known to all persons conversant with the exclusive rights and practice of foreign nations, that such sanitary service is essentially unstable, ever liable to conflict with the sanitary authorities at ports of departure, and cannot be relied upon to prohibit the departure of an infected ship. The marine hospital service is out of its sphere in this direction, while there is an

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open field for its labors in another, if the United States would set the example by practicing its own precepts—would see to it that the condition of every *vessel*, before she is permitted to receive cargo, is *clean* in a sanitary sense, and not at the mere voice of her master.

Surely it would be difficult to designate a more inviting field of labor—certainly none more germane to all that pertains to the health of mariners—than this for the marine hospital service.

With such coöperation as this suggestion contemplates, under the auspices of a national board of health as provided for in Senator Harris's bill, and the international sanitary service which it would then be certain to secure, the transmission of epidemic diseases by commerce would speedily cease.

RESUMÉ OF MEDICAL-PRACTICE ACTS IN THE DIFFERENT STATES AND TERRITORIES.

ALABAMA.—Examination by the state board of examiners, or by a county board of examiners. Law passed in 1877.

ARIZONA.—Register diploma with county recorder. Passed in 1881.

ARKANSAS.—Registration of diploma or examination by the state or a county board of examiners (latter inoperative). Law passed in 1881.

CALIFORNIA.—Certificate on diploma from a college "in good standing," or examination by one of the three boards of examiners. Passed in 1876.

COLORADO.—Certificate on diploma of college "in good standing," or examination by the state board of medical examiners. Passed in 1881.

CONNECTICUT.—No law, except against advertising itinerants.

DELAWARE.—Registration of diploma in a county clerk's office. Passed in 1883.

DISTRICT OF COLUMBIA.—Indorsement of diploma or examination by committee of the district medical society (practically inoperative). Passed in 1838.

FLORIDA.—Examination by one of the state or district boards of medical examiners. Passed 1884, 1889.

GEORGIA.—Registration of diploma in the office of the clerk of the superior court. Passed in 1881.

IDAHO.—Record diploma at county seat. Passed in 1887.

ILLINOIS.—Certificate on diploma from college "in good standing," or examination before the state board of health. Passed in 1877, 1887.

INDIANA.—Registration of diploma in county clerk's office. Passed 1885.

INDIAN TERRITORY.—(*a*) Cherokee nation: Examination by the board of examiners of the nation. Passed 1878. (*b*) Choctaw nation: Certificate on diploma, or examination by the board of examiners of the nation. (*c*) Creek nation: No law.

IOWA.—Certificate on diploma from college "in good standing," or examination by the state board of medical examiners. Passed 1886.

KANSAS.—No law.

KENTUCKY.—Ten years' practice, or registration and indorsement of diploma of [illegible]gally chartered college by secretary of the state board of health. Passed 1874, [illegible], 1890.

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LOUISIANA.—Recording diploma before county clerk or justice of the peace, after indorsement of same by state board of health, which is "required to certify to the diploma of any medical institution of credit and respectability, without regard to its system of therapeutics." Passed 1882, 1887.

MAINE.—No law.

MARYLAND.—Verification of diploma of college "in good standing," or examination by state board of health (law inoperative). Passed 1888.

MASSACHUSETTS.—No law.

MICHIGAN.—Record diploma in county clerk's office. Passed 1883.

MINNESOTA.—Examination by state board of medical examiners. Passed in 1883, 1887.

MISSISSIPPI.—Examination by a county board of medical censors. Passed 1882.

MISSOURI.—Certificate on diploma from college in "good standing," or examination by state board of medical examiners. Passed 1883.

MONTANA.—Ten years' practice, certificate on diploma from a college "in good standing," or examination by state board of medical examiners. Passed in 1889.

NEBRASKA.—Register in the office of the county clerk. Passed 1881, 1883.

NEVADA.—Register diploma before the county recorder. Passed in 1875.

NEW HAMPSHIRE.—License from the board of censors of medical society.

NEW JERSEY.—Examination by the state board of medical examiners. Passed 1880, 1888, 1890.

NEW MEXICO.—Indorsement of diploma or examination by territorial board of examiners. Passed 1882.

NEW YORK.—Examination by one of the state boards of examiners after September 1, 1891. Indorsement of diploma until September 1, 1891. Law passed 1880, 1888, 1890.

NORTH CAROLINA.—Examination by the state board of medical examiners. Passed 1859, 1885.

NORTH DAKOTA.—Examination by the state board of medical examiners. Passed 1890.

OHIO.—Law inoperative.

OREGON.—Certificate on diploma from a college "in good standing," or examination by the state board of medical examiners. Passed 1889.

PENNSYLVANIA.—Registration of diploma before county prothonotary, after indorsement (of diploma from college outside of state) by some medical college within the state. Passed 1881.

RHODE ISLAND.—No law.

SOUTH CAROLINA.—Examination by the state board of medical examiners. Passed 1881, 1888.

SOUTH DAKOTA.—Certificate on diploma, or examination by the territorial board of health. Territorial law, 1884.

TENNESSEE.—Registration after certificate on diploma of college "in good standing," or examination by state board of medical examiners. Passed 1889.

TEXAS.—Registration after indorsement of diploma, or examination by a district board of examiners (practically inoperative). Passed 1876, 1879.

UTAH.—No law.

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VERMONT.—Registration after indorsement of diploma, or examination by a board of medical censors appointed by either state medical society. Passed 1880.

VIRGINIA.—Examination by state medical examining board. Passed 1884, 1888.

WASHINGTON.—Examination by state medical examining board. Passed 1890.

WEST VIRGINIA.—Certificate on diploma of "reputable" college, or examination by the state board of health. Passed 1882.

WISCONSIN.—Examination or indorsement of diploma by the censors of any state or county society. Laws of 1878, 1881.

WYOMING.—File record of diploma with registrar of deeds. Passed 1886.

In Minnesota, Montana, North Dakota, and Washington, every applicant for license to practice must have attended three courses of lectures. The same will be required by the California boards after April 1, 1891, the Colorado board after July 1, 1893, by the Illinois and Iowa boards after the session of 1890–'91, and by the boards of examiners of New York after September 1, 1891. There will probably be three more state examining boards in the next year.

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METEOROLOGY OF THE YEAR 1893.

PREPARED BY PROF. F. H. SNOW, OF THE UNIVERSITY OF KANSAS,
FROM OBSERVATIONS TAKEN AT LAWRENCE.

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JANUARY, 1893.

The coldest January since 1888. There have been seven colder Januarys on our 26 years' record. The mercury fell below zero only once, but the average temperature was unusually low, there being only four days whose mean temperature was above freezing point. The fall of rain and snow was extraordinarily light, being the lowest January precipitation upon our entire record. The barometer was low and the wind velocity normal.

MEAN TEMPERATURE.—22.38 deg., which is 3.07 deg. below the December average. The highest temperature was 50 deg., on the 31st; the lowest was one-half a degree below zero, on the 13th, giving a range of 49.5 deg. Mean temperature at 7 A. M., 17.19 deg.; at 2 P. M., 28.96 deg.; at 9 P. M., 21.68 deg.

RAINFALL (including melted snow).—0.08 inch; which is 1.14 inches below the January average. Rain or snow fell in measurable quantities on 2 days. There were four other days on which rain or snow fell in quantity too small for measurement. The entire depth of snow was 1 inch. There were no thundershowers.

MEAN CLOUDINESS.—41.33 per cent. of the sky, the month being 4.74 per cent. clearer than usual. Number of clear days (less than one-third cloudy), 11; half clear (from one- to two-thirds cloudy), 12; cloudy (more than two-thirds), 8. There were 3 entirely clear days and 2 entirely cloudy. Mean cloudiness at 7 A. M., 51 per cent.; at 2 P. M., 40 per cent.; at 9 P. M., 33 per cent.

WIND.—Northwest, 32 times; southwest, 17 times; north, 14 times; west, 8 times; south, 7 times; east 6 times; northeast, 5 times; southeast, 4 times. The total run of the wind was 11,830 miles, which is 40 miles above the January average. This gives a mean daily velocity of 381.6 miles, and a mean hourly velocity of 15.9 miles. The highest velocity was 60 miles an hour, at 9 A. M. on the 9th.

BAROMETER.—Mean for the month, 29.142 inches; at 7 A. M., 29.136 inches; at 2 P. M., 29.119 inches; at 9 P. M., 29.170 inches; maximum, 29.580 inches, on the 15th; minimum, 28.624 inches, on the 11th; monthly range, 0.956 inch.

The following table furnishes a comparison with the 25 preceding Januarys:

JANUARY.....	Mean temperature...	Maximum temperature...	Minimum temperature...	Winter days.....	Zero days.....	Rain—inches...	Snow—inches...	Rainy days.....	Thunderstorms..	Mean cloudiness.....	Humidity.....	No. of fogs.....	Miles of wind...	Mean barometer.....
1868....	23.47	64.0	-7.0	23	2	0.36	5.0	1	0	37.00	.....	0	.....	.....
1869....	30.38	56.0	6.0	18	0	0.90	4.0	8	0	43.97	83.7	7	.....	29.101
1870....	28.88	56.5	-1.0	20	1	0.67	3.0	6	0	49.25	74.7	1	.....	29.158
1871....	28.57	67.5	5.0	18	3	1.11	11.0	8	0	64.00	75.7	2	.....	29.199
1872....	24.07	50.5	-0.5	22	4	0.17	1.0	1	0	42.69	68.3	1	.....	29.238
1873....	18.23	46.5	-26.0	24	7	2.60	16.0	9	0	47.10	75.5	1	10,633	29.117
1874....	27.77	61.0	-2.5	18	1	2.35	7.5	8	0	53.65	73.0	2	13,203	29.184
1875....	15.42	46.5	-16.5	30	10	0.12	0.0	8	0	54.84	83.1	0	10,679	29.363
1876....	34.70	65.5	2.0	13	0	0.57	0.0	6	0	52.17	68.4	1	14,135	29.176
1877....	25.60	62.5	-9.0	25	3	1.17	8.0	8	0	48.82	75.5	1	9,178	29.255
1878....	33.97	55.0	7.5	9	0	3.05	0.0	8	1	46.77	73.4	0	9,960	29.144
1879....	23.49	53.0	-16.0	20	6	0.37	0.8	4	0	43.68	76.0	1	8,309	29.263
1880....	41.23	67.0	20.5	4	0	1.80	0.0	8	0	48.49	73.8	9	12,861	29.094
1881....	21.60	53.0	-8.0	26	4	0.34	0.5	6	0	58.60	75.9	1	12,192	29.255
1882....	32.68	65.0	5.0	10	0	0.70	2.0	6	0	51.72	66.2	1	11,673	29.209
1883....	19.65	47.0	-14.0	28	5	0.73	5.5	7	0	53.55	79.1	1	12,526	29.263
1884....	20.99	57.0	21.5	21	7	1.28	12.0	7	0	41.42	73.9	3	14,368	29.313
1885....	18.74	55.5	-12.5	24	13	1.66	8.0	10	0	43.76	83.0	1	8,390	29.252
1886....	14.32	41.5	-18.0	30	10	2.28	12.0	15	0	61.93	88.0	2	13,090	29.200
1887....	20.48	55.0	-20.0	21	9	1.23	9.0	5	1	43.55	73.2	0	14,680	29.094
1888....	17.70	54.0	-18 0	24	8	0.93	3.0	5	1	41.26	85.0	4	12,486	29.534
1889....	30.31	49.0	7.0	15	0	0.79	0.0	2	0	37.31	77.5	8	11,620	29.448
1890....	27.48	63.0	-5.0	19	1	2.50	8.0	3	0	57.04	81.9	3	11,580	29.342
1891....	32.37	57.0	10.0	13	0	1.43	4.5	7	1	53.71	85.3	0	11,690	29.161
1892....	24.02	58.0	-19.0	19	5	0.82	5.5	4	0	35.05	.....	0	11,980	29.259
1893....	22.38	50.0	-0.5	27	0	0.08	1.0	2	0	41.33	.....	2	11,830	29.142
Means..	25.33	56.1	-7.0	20	4	1.22	4.84	6	0.1	45.88	76.8	2	11,790	29.200

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FEBRUARY, 1893.

This month is characterized by a low temperature, a high barometer, a high wind velocity, and a heavy snowfall. The mean temperature is the lowest since 1885, and has been exceeded but three times in the 26 years' record. The mean temperature for the first week was 10.76 deg.

The total wind velocity is the highest since 1876, and has been exceeded but twice since our record began.

The snowfall is nearly twice the average, being the heaviest since 1885, and has been exceeded but three times on our record.

MEAN TEMPERATURE.—27.10 deg., which is 4.87 deg. below the February average. The highest temperature was 68.5 deg., on the 26th; the lowest was 5.5 deg. below zero, on the 7th, giving a range of 74 deg. Mean temperature, at 7 A. M., 22 deg.; at 2 P. M., 33.12 deg.; at 9 P. M., 26.64 deg.

RAINFALL (including melted snow).—1.48 inches, which is 0.01 inch above the February average, Rain or snow fell in measurable quantities on 5 days. There were two other days on which rain or snow fell in quantity too small for measurement. The entire depth of snow was 8 inches. There were 2 thundershowers.

MEAN CLOUDINESS.—46.62 per cent. of the sky, the month being 0.48 per cent. clearer than usual. Number of clear days (less than one-third cloudy), 9; half clear (from one- to two-thirds cloudy), 13; cloudy (more than two-thirds), 6. There were 4 entirely clear days and 1 entirely cloudy. Mean cloudiness, at 7 A. M., 52.34 per cent.; at 2 P. M., 51.78 per cent.; at 9 P. M., 35.73 per cent.

WIND.—Northeast, 3 times; east, 3 times; north, 8 times; southwest, 10 times; west, 11 times; southeast, 9 times; northwest, 30 times; south, 10 times. The total run of the wind was 12,320 miles, which is 1,286 miles above the February average. This gives a mean daily velocity of 440 miles, and a mean hourly velocity of 18.33 miles. The highest velocity was 48 miles an hour, between 6 and 7 P. M. on the 9th.

BAROMETER.—Mean for the month, 29.187 inches; at 7 A. M., 29.202 inches; at 2 P. M., 29.173 inches; at 9 P. M., 29.186 inches; maximum, 29.956 inches, on the 7th; minimum, 28.549 inches, on the 27th; monthly range, 1.465 inch.

The following table furnishes comparisons with the 25 preceding Februarys:

FEBRUARY.....	Mean temperature...	Maximum temperature...	Minimum temperature...	Winter days.....	Zero days.....	Rain — inches...	Snow — inches...	Rainy days.....	Thunderstorms..	Mean cloudiness.....	Humidity.....	No. of fogs.....	Miles of wind.....	Mean barometer.....
1868....	35.30	72.0	-3.0	13	1	0.19	0.5	3	1	24.71	.....	0	.....	.....
1869....	30.32	66.0	-5.0	15	1	1.44	5.3	6	1	51.20	83.1	4	.....	29.097
1870....	34.88	69.0	-4.0	9	1	0.03	9.0	2	0	43.69	61.6	2	.....	29.047
1871....	35.04	71.5	-6.0	9	1	2.43	4.0	8	2	49.85	74.3	3	.....	29.039
1872....	30.98	62.0	12.0	10	3	0.82	7.8	5	0	54.94	70.4	3	.....	29.048
1873....	29.98	62.0	-6.5	13	2	0.85	3.0	3	1	48.95	68.1	1	12,827	29.102
1874....	27.26	49.0	-2.0	16	0	0.95	0.0	8	1	60.94	78.2	4	9,195	29.106
1875....	21.92	55.0	-8.0	23	3	0.80	4.0	7	1	50.48	74.7	1	11,365	29.174
1876....	37.80	74.5	-5.0	12	1	0.36	0.3	3	1	38.16	59.0	1	15,236	29.135
1877....	30.65	66.0	21.0	1	0	0.80	2.0	5	0	47.13	71.2	2	7,718	29.301
1878....	40.22	66.0	15.5	4	0	2.86	2.5	9	1	54.63	78.5	0	7,393	29.016
1879....	34.06	74.0	5.0	9	0	0.41	4.0	2	0	39.04	64.7	0	10,097	29.199
1880....	37.58	64.0	8.0	11	0	0.73	0.0	3	1	24.94	64.5	0	11,861	29.125
1881....	25.78	61.5	-5.5	18	0	4.00	22.0	7	0	54.17	79.8	3	12,142	29.180
1882....	41.65	73.0	12.0	4	0	1.06	2.0	6	0	45.49	69.7	3	11,607	29.110
1883....	27.93	67.0	-13.0	13	3	2.31	4.0	9	1	51.67	77.9	2	10,593	29.340
1884....	28.03	57.0	-1.0	16	1	1.13	2.0	8	1	54.33	72.3	1	11,742	29.158
1885....	20.83	55.0	-14.5	20	7	1.13	11.0	7	0	47.86	75.1	0	10,907	29.148
1886....	31.64	62.0	7.0	10	3	0.56	1.0	7	1	42.38	73.6	2	11,170	29.166
1887....	30.43	68.0	-5.5	16	3	1.58	6.0	11	1	57.86	82.6	4	11,818	29.205
1888....	32.74	57.0	-1.0	12	1	1.27	2.0	7	0	50.68	78.2	6	12,250	29.143
1889....	27.56	68.0	-3.5	13	4	2.20	6.0	6	0	51.78	76.0	3	11,020	29.244
1890....	32.55	65.0	-1.5	10	1	0.75	3.0	7	0	60.47	79.0	3	10,924	29.156
1891....	29.40	68.0	1.0	16	0	1.98	4.5	4	0	43.49	84.0	1	11,860	29.094
1892....	36.62	61.0	14.5	8	0	4.96	0.0	6	1	59.54	84.9	1	10,720	29.156
1893....	27.10	68.5	-5.5	13	2	1.48	8.0	5	2	46.62	.....	0	12,320	29.187
Means..	31.78	64.6	-0.7	12	1	1.47	4.3	6	1	47.08	74.3	5	11.095	29.149

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MARCH, 1893.

This month was marked by a heavy snowfall, being double the average of the 25 preceding years. The rainfall was above the average, although the per cent. of cloudiness was low. The season is later than usual, as is shown by the first blossoms of the maples, which were observed on the 9th.

MEAN TEMPERATURE.—40.06 deg., which is 0.99 deg. below the March average. The highest temperature was 78 deg., on the 22d and 30th; the lowest was 7 deg., on the 8th, giving a range of 71 deg. Mean temperature, at 7 A. M., 33.12 deg.; at 2 P. M., 48.69 deg.; at 9 P. M., 39.20 deg.

RAINFALL (including melted snow).—3.00 inches, which is 0.68 inch above the March average. Rain or snow fell in measurable quantities on 5 days. The entire depth of snow was 9 inches. There were 3 thundershowers and 1 fog. The entire rainfall for the three months of 1893 now completed is 5.69 inches, which is 0.53 inch above the average for the 25 years preceding.

MEAN CLOUDINESS.—41.55 per cent. of the sky, the month being 8.31 per cent. clearer than usual. Number of clear days (less than one-third cloudy), 15; half clear (from one- to two-thirds cloudy), 6; cloudy (more than two-thirds), 10. There were 3 entirely clear days and 2 entirely cloudy. Mean cloudiness, at 7 A. M., 50 per cent.; at 2 P. M., 40 per cent.; at 9 P. M., 34 per cent.

WIND.—Northwest, 21 times; southwest, 23 times; north, 3 times; west, 9 times; south, 8 times; east, 13 times; northeast, 7 times; southeast, 9 times. The total run of the wind was 14,990 miles, which is 842 miles above the March average. This gives a mean daily velocity of 483.6 miles, and a mean hourly velocity of 20.14 miles. The highest velocity was 50 miles an hour, at 2 P. M. on the 10th.

BAROMETER.—Mean for the month, 29.084 inches; at 7 A. M., 29.140 inches; at 2 P. M., 29.057 inches; at 9 P. M., 29.085 inches; maximum, 29.680 inches, on the 15th; minimum, 28.371 inches, on the 8th; monthly range, 1.319 inches.

The following table furnishes a comparison with the 25 preceding Marches:

MARCH.	Mean temperature.	Maximum temperature.	Minimum temperature.	Winter days.	Rain—inches.	Snow—inches.	Rainy days.	Thunderstorms.	Mean cloudiness.	Humidity.	No. of fogs.	Miles of wind.	Mean barometer.
1868	51.15	93.0	22.0	1	3.46	0.00	4	0	51.18	.....	0	.....	.....
1869	34.53	81.0	-1.0	9	1.15	1.00	4	0	52.81	75.4	3	.....	29.146
1870	37.25	71.0	1.0	8	1.86	0.00	7	3	56.13	64.9	0	.....	29.063
1871	47.10	78.0	25.5	0	1.73	4.00	6	3	52.06	63.8	0	.....	28.943
1872	36.79	72.0	18.0	10	2.92	3.50	6	3	55.06	63.8	0	.....	29.124
1873	42.33	74.0	4.0	5	1.34	2.00	5	1	44.93	52.8	0	18,147	29.118
1874	39.13	69.5	19.0	6	2.30	4.00	7	1	62.27	67.1	1	13,419	29.123
1875	37.10	80.5	9.5	12	2.61	1.00	7	1	44.84	64.9	0	15,023	29.051
1876	34.24	68.0	0.0	12	4.51	17.00	11	0	60.45	69.4	1	15,690	29.070
1877	40.03	81.0	7.0	7	3.40	5.00	7	2	54.09	67.2	1	13,981	29.108
1878	50.90	81.0	27.0	0	2.67	0.00	8	5	40.86	67.6	0	11,994	29.005
1879	48.22	87.0	11.0	7	0.37	0.00	5	0	46.02	56.1	0	13,787	29.165
1880	42.38	79.0	2.5	6	2.03	3.00	5	2	44.94	63 4	1	13,841	29.133
1881	37.47	77.0	14.0	8	1.66	8.00	7	1	45.79	70.3	0	16,231	29.043
1882	46.90	79.0	17.0	3	1.62	9.00	5	1	40.22	64.9	0	16,608	29.126
1883	40.90	69.0	16.0	2	1.28	0.00	7	1	48.92	65.6	0	12,080	29.164
1884	41.56	73.0	12.0	8	2.48	1.00	9	5	58.87	65.0	2	14,229	29.054
1885	40.55	73.0	15.0	6	0.87	4.00	5	0	40.64	65.8	0	12,184	29.205
1886	40.40	78.5	14.0	6	1.63	4.00	10	0	55.05	67.7	0	13,900	29.069
1887	43.41	81.0	22.0	3	2.75	6.00	8	2	38.50	63.8	2	13,360	29.147
1888	38.63	78.0	14.0	12	5.47	2.00	10	4	53.86	73.0	0	13,830	29.140
1889	44.73	71.0	22.0	2	2.30	0.00	7	2	42.80	69.3	1	11,110	29.127
..	37.79	76.0	4.0	9	1.02	0.50	8	1	54.23	70.9	5	13,580	29.140
..	35.12	71.0	3.0	13	3.04	9.25	13	1	53.12	80.7	1	15,130	29.079
..	37.72	75.0	16.0	10	5.72	2.00	12	1	52.58	80.9	0	15,040	29.126
..	40.06	78.0	7.0	7	3.00	9.00	5	3	41.55	.....	1	14,990	29.084
..	41.01	76.7	14.8	6	2.43	3.66	7	1	49.56	67.1	1	14,197	29.094

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APRIL, 1893.

Although the average temperature of the month was normal, there were very marked extremes. The maximum temperature on the 6th reached 91 deg., and the mean of that day was 77.87 deg., making it the warmest April day on our record. The mean temperature of the entire first week was much above the normal, while that of the rest of the month was much below the normal. Severe frosts on the 14th, 15th and 23d did little damage to fruit. The rainfall was normal, and very well distributed.

MEAN TEMPERATURE.—54.28 deg., which is 11 deg. below the April average. The highest temperature was 91 deg., on the 6th; the lowest was 31 deg., on the 15th, giving a range of 60 deg. Mean temperature at 7 A. M., 48.48 deg.; at 2 P. M., 62.35 deg.; at 9 P. M., 53.52 deg.

RAINFALL.—3.21 inches, which is 0.01 inch above the April average. Rain in measurable quantities fell on 13 days. There were 2 thundershowers. The entire rainfall for the 4 months of 1893 now completed has been 7.77 inches, which is 0.58 inch below the average for the same months in the preceding 25 years.

MEAN CLOUDINESS.—48.93 per cent. of the sky, the month being 4.46 per cent. cloudier than usual. Number of clear days (less than one-third cloudy), 10; half clear (from one- to two-thirds cloudy), 12; cloudy, (more than two-thirds), 8. There were 4 entirely clear days and 3 entirely cloudy. Mean cloudiness at 7 A. M., 52.5 per cent.; at 2 P. M., 56.3 per cent.; at 9 P. M., 38 per cent.

WIND.—Northwest, 19 times; southwest, 17 times; north, 11 times; west, 2 times; south, 9 times; east, 9 times; northeast, 11 times; southeast, 12 times. The total run of the wind was 15,080 miles, which is 1,333 miles above the April average. This gives a mean daily velocity of 502 miles, and a mean hourly velocity of 20.94 miles. The highest velocity was 60 miles an hour, on the 19th.

BAROMETER—Mean for the month, 28.967 inches; at 7 A. M., 29.981 inches; at 2 P. M., 29.961 inches; at 9 P. M., 29.959 inches; maximum, 29.370 inches, on the 5th; minimum, 28.382 inches, on the 8th; monthly range, 0.988 inch.

The following table furnishes a comparison with the 25 preceding Aprils:

APRIL.....	Mean temperature...	Maximum temperature...	Minimum temperature...	Rain—inches...	Snow—inches...	Rainy days.....	Thunderstorms..	Mean cloudiness.....	Humidity.....	No. of fogs.....	Miles of wind.....	Mean barometer.....
1868.....	49.14	83.0	25.0	2.95	0.00	10	3	52.00	.....	1	.....	.....
1869.....	50.97	87.0	18.0	2.43	1.00	10	2	51.00	75.1	0	.....	29.006
1870.....	56.20	91.0	19.0	1.06	0.00	8	1	49.33	54.7	1	.....	29.081
1871.....	57.30	92.0	30.5	2.38	0.00	8	3	47.11	53.5	0	.....	28.800
1872.....	55.92	85.0	30.0	4.74	0.00	12	7	55.12	56.5	1	.....	28.999
1873.....	48.71	88.0	26.0	4.42	2.00	9	2	55.89	63.4	0	18,371	28.957
1874.....	47.09	83.0	22.5	2.86	0.00	8	2	51.11	57.7	0	14,784	29.100
1875.....	49.70	82.0	23.0	2.54	0.00	10	2	48.22	56.6	0	14,124	29.070
1876.....	55.60	87.5	30.0	3.38	0.00	7	5	44.78	56.6	0	14,442	29.035
1877.....	53.90	81.0	25.0	3.13	0.00	11	4	53.00	74.0	1	11,970	28.995
1878.....	58.60	80.0	36.0	5.48	0.00	7	5	38.22	66.0	1	11,482	28.851
1879.....	56.40	84.0	20.6	4.18	0.00	10	0	49.67	61.0	0	11,231	29.062
1880.....	56.92	93.0	31.0	1.75	0.00	6	4	34.56	53.4	0	16,709	29.029
1881.....	52.47	84.0	13.0	1.27	0.00	9	4	51.78	67.6	0	14,495	29.065
1882.....	56.83	88.0	35.0	3.20	0.00	9	5	51.77	61.7	0	14,226	29.032
1883.....	57.18	89.5	35.0	2.12	0.00	8	2	40.11	53.3	2	12,916	28.957
1884.....	50.42	70.5	28.5	5.62	6.00	13	4	55.76	55.9	1	13,954	29.002
1885.....	53.88	75.0	30.0	5.72	0.00	11	6	59.33	68.8	0	13,672	29.040
1886.....	54.80	85.0	19.0	1.38	4.00	12	2	52.66	65.1	1	13,040	29.053
1887.....	56.66	87.0	25.0	3.13	0.00	7	2	37.45	51.1	0	13,232	29.014
1888.....	57.55	88.0	31.0	2.58	0.00	5	1	37.00	61.8	0	12,860	29.173
1889.....	56.37	86.0	35.0	2.52	0.00	8	5	44.16	69.3	0	11,550	29.095
1890.....	56.62	89.0	29.0	2.51	0.00	9	3	52.94	68.9	1	13,979	29.110
1891.....	57.02	85.0	26.0	5.79	0.00	11	8	43.67	73.5	1	11,090	29.072
1892.....	52.98	81.0	32.0	2.70	0.00	12	3	59.72	83.1	2	15,600	29.050
1893.....	54.28	91.0	31.0	3.21	0.00	13	2	48.93	.....	0	15,080	28.967
Means.....	54.43	85.5	27.0	3.20	0.50	10	3	44.64	69.4	1	13,810	29.029

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MAY, 1893.

One of the coolest and wettest Mays on our 26 years' record, and, notwithstanding the excessive precipitation, one of the clearest. The rainfall of this single month equals the total for the four preceding months of the year. A harmless white frost occurred on the 2d. The run of the wind was normal, while the barometer ranged below the average.

MEAN TEMPERATURE.—61.87 deg., which is 2.98 deg. below the May average. The highest temperature was 86 deg., on the 21st; the lowest was 42 deg., on the 1st, giving a range of 44 deg. Mean temperature at 7 A. M., 56.84 deg.; at 2 P. M., 70.22 deg.; at 9 P. M., 60.04 deg.

RAINFALL.—7.62 inches, which is 3.08 inches above the May average. Rain fell in measurable quantities on 11 days. There were 5 thundershowers. Hail in small quantities accompanied the rain on the 20th and 30th. The entire rainfall for the 5 months of 1893 now completed has been 15.39 inches, which is 2.57 inches above the average for the same months in the preceding 25 years.

MEAN CLOUDINESS.—40.4 per cent. of the sky, the month being 7.5 per cent. clearer than usual. Number of clear days (less than one-third cloudy) 13; half-clear (from one- to two-thirds cloudy) 13; cloudy (more than two thirds) 5. There were 6 entirely clear days and 4 entirely cloudy. Mean cloudiness at 7 A. M., 46.8 per cent.; at 2 P. M., 44.51 per cent.; at 9 P. M., 30 per cent.

WIND.—Southwest, 24 times; south, 15 times; northwest, 14 times; north, 11 times; northeast, 11 times; east, 7 times; west, 6 times; southeast, 5 times. The total run of the wind was 11,370 miles, which is 441 miles below the May average. This gives a mean daily velocity of 367 miles, and a mean hourly velocity of 15 miles. The highest velocity was 50 miles an hour, from 5 to 6 P. M. on the 4th and from 2 to 3 A. M. on the 22d.

BAROMETER.—Mean for the month, 28.991 inches; at 7 A. M., 29.003 inches; at 2 P. M., 29.505 inches; at 9 P. M., 29.966 inches; maximum, 29.400 inches, on the 25th; minimum, 28.510 inches, on the 22d; monthly range, 0.890 inch.

The following table furnishes a comparison with the 25 preceding Mays:

MAY.....	Mean temperature.....	Maximum temperature.....	Minimum temperature.....	Hot days.....	Rain—inches.....	Rainy days.....	Thunderstorms.....	Mean cloudiness.....	Humidity.....	No. of fogs.....	Miles of wind.....	Mean barometer.....
1868.....	65.90	84.0	49.0	0	2.81	5	1	29.62	.....	0	.....	.....
1869.....	61.74	88.0	35.0	0	3.64	12	6	46.01	72.6	0	.....	28.974
1870.....	67.01	90.0	44.0	1	2.46	7	3	43.87	60.5	0	.....	29.006
1871.....	65.87	92.0	37.0	1	2.78	8	2	45.70	64.7	0	.....	29.030
1872.....	65.33	88.0	39.0	0	5.72	14	6	55.27	65.1	0	.....	29.051
1873.....	63.95	88.5	46.0	0	7.12	11	4	55.81	68.7	0	12,880	28.947
1874.....	68.89	96.0	45.0	4	1.41	6	0	44.94	55.6	0	12,705	29.027
1875.....	65.00	96.0	30.0	1	3.39	11	3	45.00	60.3	1	12,489	29.006
1876.....	65.00	89.0	39.0	0	6.75	11	5	53.44	64.5	0	13,321	29.080
1877.....	64.50	85.0	37.0	0	6.45	17	6	62.93	72.0	0	11,522	29.015
1878.....	62.60	85.0	38.5	0	5.66	16	9	52.90	70.9	0	12,257	29.002
1879.....	69.50	93.0	43.0	5	1.60	4	3	37.20	60.9	0	12,057	29.024
1880.....	70.59	95.0	52.0	7	4.11	8	6	40.43	62.6	0	14,106	29.019
1881.....	69.86	88.5	48.0	0	3.51	17	4	64.04	72.5	2	8,868	29.038
1882.....	60.27	90.0	36.5	1	3.53	10	2	63.44	66.4	1	13,010	29.024
1883.....	62.05	91.0	39.0	1	7.63	10	5	47.63	64.5	0	15,661	29.010
1884.....	62.24	85.0	36.0	0	3.57	12	2	50.54	68.9	2	9,978	29.046
1885.....	62.79	86.0	35.0	0	4.07	11	6	34.07	68.3	1	9,260	29.024
1886.....	68.50	91.0	44.0	2	5.72	9	6	34.52	67.9	0	7,920	29.024
1887.....	67.88	91.5	45.5	1	1.12	7	3	40.32	70.4	1	10,270	29.041
1888.....	62.08	83.0	38.0	0	1.97	8	5	47.09	65.3	0	10,956	28.986
1889.....	64.23	89.0	38.0	0	8.27	14	8	48.47	68.9	0	13,380	29.020
1890.....	63.23	89.0	39.0	0	5.14	12	6	42.42	68.9	0	12,057	29.002
1891.....	61.28	88.0	38.0	0	6.55	10	6	47.42	78.1	0	9,780	29.153
1892.....	60.04	82.0	42.0	0	8.51	19	4	67.42	.....	3	14,345	28.984
1893.....	61.87	86.0	42.0	0	7.62	11	5	40.44	.....	1	11,370	28.991
Means	64.74	88.0	40.6	1	4.66	11	4	47.72	70.0	0	11,794	29.018

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JUNE, 1893.

A delightful summer month. The temperature was below the average, the days on which the mercury reached 90 deg. being only one-half the average number. The rainfall was ample and remarkably well distributed. The highest wind was 50 miles an hour, and continued for 10 minutes only, at the time of the Williamstown tornado, 10 miles distant from the university.

MEAN TEMPERATURE.—72.74 deg., which is 0.56 deg. below the June average. The highest temperature was 92.5 deg., on the 21st; the lowest was 56 deg., on the 6th, giving a range of 56.5 deg. Mean temperature at 7 A. M., 67.80 deg.; at 2 P. M., 81 deg.; at 9 P. M., 71.12 deg.

RAINFALL.—5.07 inches, which was 0.22 inch above the June average. Rain in measurable quantities fell on 9 days. There were 6 thundershowers. The entire rainfall for the 6 months of 1893 now completed has been 20.46 inches, which is 2.79 inches above the average for the same months in the preceding 25 years.

MEAN CLOUDINESS.—42.20 per cent. of the sky, the month being only 0.89 per cent. cloudier than usual. Number of clear days (less than one-third cloudy), 13; half clear (from one- to two-thirds cloudy), 11; cloudy (more than two-thirds), 6. There were 2 entirely clear days and none entirely cloudy. Mean cloudiness at 7 A. M., 47.50 per cent.; at 2 P. M., 47 per cent.; at 9 P. M., 32 per cent.

WIND.—Southwest, 28 times; southeast, 20 times; south, 18 times; east, 12 times; north, 10 times; northeast, 4 times; west, 2 times; northwest, 1 time. The total run of the wind was 9,210 miles, which is 664 miles below the June average. This gives a mean daily velocity of 307 miles, and a mean hourly velocity of 13 miles. The highest velocity was 50 miles an hour, on the 21st, from 6:35 to 6:45 P. M.

BAROMETER.—Mean for the month, 29.034 inches; at 7 A. M., 29.058 inches; at 2 P. M., 29.018 inches; at 9 P. M., 29.026 inches; maximum, 29.315 inches, on the 7th; minimum, 28.732 inches, on the 1st; monthly range, 0.583 inch.

The following table furnishes a comparison with the 25 preceding Junes:

JUNE.....	Mean temperature.....	Maximum temperature.....	Minimum temperature.....	Hot days.....	Rain—inches...	Rainy days.....	Thunderstorms..	Mean cloudiness.....	Humidity	No. of fogs	Miles of wind....	Mean barometer.....
1868.....	74.15	99.0	57.0	11	3.80	6	3	41.71	.....	0	.....	.....
1869.....	68.80	90.0	37.0	1	7.57	15	10	56.74	77.0	1	.....	29.075
1870.....	72.59	102.0	44.0	12	1.88	13	6	39.44	68.0	1	.....	29.082
1871.....	75.87	96.0	53.0	12	4.06	10	5	46.33	66.9	0	.....	29.038
1872.....	76.14	97.0	53.0	14	1.30	14	6	35.33	61.4	0	.....	29.040
1873.....	75.89	97.0	58.0	9	2.96	11	3	41.66	68.0	0	9,445	29.038
1874.....	76.50	95.0	53.5	9	3.58	7	3	34.70	66.0	0	10,241	29.027
1875.....	75.47	99.0	49.0	13	3.45	7	3	31.44	60.2	0	12,887	29.028
1876.....	70.24	98.0	50.0	8	12.11	11	4	68.60	68.6	0	12,371	29.010
1877.....	72.03	95.0	47.0	4	7.20	14	9	38.78	75.3	0	8,741	29.011
1878.....	69.79	89.0	50.0	0	5.67	10	6	48.66	74.8	0	9,187	29.032
1879.....	73.22	97.0	45.0	12	7.14	10	9	41.33	69.9	0	9,498	29.040
1880.....	73.57	96.0	50.5	8	4.10	9	5	37.44	68.1	0	12,629	29.041
1881.....	77.25	97.0	62.5	14	4.52	13	10	31.89	70.1	0	11,474	28.969
1882.....	74.14	99.0	44.5	11	4.72	11	5	38.99	69.9	0	10,874	28.992
1883..... ..	71.38	94.0	48.5	6	7.73	14	7	38.56	74.3	0	10,737	29.028
1884.....	71.07	92.0	48.0	2	3.81	12	7	38.78	71.8	1	6,806	29.065
1885.....	72.57	92.0	51.0	3	2.39	12	5	47.30	72.3	0	9,883	29.066
1886.....	71.85	92.0	43.0	3	3.17	12	3	38.00	68.4	0	6,376	29.052
1887.....	73.89	96.0	51.0	5	3.77	8	2	34.33	73.1	0	8,170	29.043
1888.....	73.10	94.0	52.0	6	8.31	12	11	45.22	70.2	0	10,380	28.976
1889.....	71.24	90.0	51.5	1	4.04	7	7	39.56	73.3	2	6,860	29.061
1890.....	77.02	96.0	52.0	14	2.12	6	3	34.72	.....	0	10,737	29.039
1891..... ..	70.74	90.0	53.0	1	10.15	18	8	61.35	87.5	2	8,700	28.983
1892.....	74.15	96.5	50.0	12	1.23	3	1	27.00	78.4	0	11,325	29.006
1893.....	72.74	92.5	56.0	4	5.07	9	6	42.20	.....	0	9,210	29.034
Means	73.28	95.0	50.6	7.5	4.86	10	6	41.34	71.0	0	9,848	29.031

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JULY, 1893.

A July somewhat above the average in temperature and considerably windier than usual. Though the barometer's mean was higher than the average and the clouds less abundant, the rainfall nevertheless exceeded the mean for July. The precipitation was poorly distributed throughout the month, however, as nearly three-fourths of the entire amount fell in the last week. The number of thunderstorms was very excessive, and every rain was accompanied by electrical phenomena.

MEAN TEMPERATURE.—78.10 deg., which is 0.36 deg. above the July average. The highest temperature was 97 deg., on the 14th. Mean temperature at 7 A. M., 71.69 deg.; at 2 P. M., 86.89 deg.; at 9 P. M., 76.93 deg.

RAINFALL.—5.3 inches, which is 0.9 inch above the July average. Rain fell in measurable quantities on 9 days. There were 10 thundershowers. The entire rainfall for the 7 months of 1893 now completed has been 25.76 inches, which is 5.23 inches above the average for the same months in the preceding 25 years.

MEAN CLOUDINESS.—80 per cent. of the sky, which is 6.65 per cent. below the average. Number of clear days (less than one-third cloudy), 17; half-clear (from one- to two-thirds cloudy), 11; cloudy (more than two-thirds), 3. There were 3 entirely clear days and 2 entirely cloudy. Mean cloudiness at 7 A. M., 37 per cent.; at 2 P. M., 23 per cent.; at 9 P. M., 30 per cent.

WIND.—Southwest, 30 times; east, 17 times; south, 16 times; northeast, 11 times; southeast, 10 times; north, 4 times; northwest, 3 times; west, 2 times. The total run of the wind was 9,460 miles, which is 1,385 miles above the July average. This gives a mean daily velocity of 305 miles, and a mean hourly velocity of 12.7 miles. The highest velocity was 48 miles an hour, from 1:50 A. M. to 2 A. M. on the 17th.

BAROMETER.—Mean for the month, 29.079 inches; at 7 A. M., 29.099 inches; at 2 P. M., 29.077 inches; at 9 P. M., 29.061 inches; maximum, 29.272 inches, on the 20th; minimum, 28.841 inches, on the 5th; monthly range, 0.431 inch.

The following table furnishes a comparison with the 25 preceding Julys:

JULY	Mean temperature	Maximum temperature	Minimum temperature	Hot days	Rain—inches	Rainy days	Thunderstorms	Mean cloudiness	Humidity	No. of fogs	Miles of wind	Mean barometer
1868	85.06	101.0	70.0	26	4.05	4	4	45.96	.....	0	.....	.....
1869	74.25	93.0	47.0	6	5.05	11	7	53.33	84.50	2	.....	29.037
1870	79.22	99.0	55.0	22	5.58	12	4	30.64	64.20	2	.....	29.058
1871	79.14	103.0	60.0	17	7.30	13	6	49.79	.....	0	.....	.....
1872	77.11	93.5	61.5	11	6.50	13	9	50.86	75.20	2	9,203	29.061
1873	76.95	97.0	62.5	12	2.38	6	2	30.54	64.30	1	9,952	29.083
1874	83.16	103.0	58.0	21	1.19	5	4	26.88	52.10	0	10,904	29.079
1875	76.63	97.5	65.0	8	6.60	13	5	54.30	73.00	0	8,458	29.070
1876	78.60	95.0	60.0	12	3.51	6	3	30.48	72.70	0	8,901	29.075
1877	75.13	99.0	54.0	8	5.76	11	8	32.04	73.40	0	8,355	29.091
1878	78.40	98.0	58.0	15	4.30	7	4	31.29	78.20	0	7,974	29.073
.....	79.14	97.5	62.5	16	3.66	9	4	34.90	73.80	1	6,980	29.040
.....	75.75	98.0	54.0	13	2.34	8	5	28.28	68.30	0	9,312	29.106
.....	79.74	102.0	57.5	18	2.28	6	2	26.23	72.50	1	7,541	29.096
.....	72.05	99.0	52.0	11	4.03	9	3	38.92	75.00	0	7,464	29.122
.....	76.18	96.5	56.0	17	7.23	10	5	39.46	71.40	0	10,901	28.086
.....	76.98	98.0	60.5	10	5.18	15	5	41.67	71.70	1	18,733	28.004
.....	77.06	96.0	56.0	17	6.03	13	5	43.79	72.90	0	8,422	29.065
.....	79.54	100.0	57.0	21	0.11	4	2	31.83	58.40	0	6,857	29.037
.....	79.79	102.0	55.5	18	2.14	7	4	24.19	62.70	0	7,010	29.057
88	79.52	97.0	62.0	17	4.28	7	7	32.10	71.10	0	7,160	29.104
1889	76.00	94.0	56.0	6	6.34	10	5	45.40	75.50	0	7,070	29.052
1890	80.54	100.5	.....	21	1.56	5	3	24.31	71.30	1	9,427	29.068
1891	71.98	89.5	.....	0	6.40	11	8	44.59	82.13	0	7,822	29.108
1892	75.64	96.0	.....	12	6.47	10	5	24.60	77.99	1	9,150	29.114
1893	78.10	97.0	66.0	10	5.30	9	10	30.00	.....	0	9,460	29.079
	.75	97.79	59.0	13.6	4.44	9	5	36.40	71.40	5	8,198	29.023

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AUGUST, 1893.

The coolest August of our record, except that of 1884. There were only six days on which the thermometer reached 90 deg., and with one exception they occurred in the rainless first third of the month. The rainfall was below the average amount, though the precipitation for the year so far is considerably above the mean for the same time in past years. The total run of the wind was lower than has ever before been noted for August at this station.

MEAN TEMPERATURE.—72 deg., which is 3.06 deg. below the August average. The highest temperature was 93 deg., on the 7th; the lowest was 48 deg., on the 30th, giving a range of 45 deg. The mercury reached 90 deg. on six days. Mean temperature at 7 A. M., 65.66 deg.; at 2 P. M., 81.61 deg.; at 9 P. M., 70.08 deg.

RAINFALL.—2.86 inches, which is 1.14 inches below the August average. Rain fell in measurable quantities on 10 days. There were 5 thundershowers. The entire rainfall for the 8 months of 1893 now completed has been 28.62 inches, which is 4 inches above the average for the same months in the preceding 25 years.

MEAN CLOUDINESS.—28.19 per cent. of the sky, the month being 6.68 per cent. clearer than usual. Number of clear days (less than one-third cloudy), 19; half clear (from one- to two-thirds cloudy), 8; cloudy (more than two-thirds), 4. There were 4 entirely clear days and none entirely cloudy. Mean cloudiness at 7 A. M., 34.51 per cent.; at 2 P. M., 32 per cent.; at 9 P. M., 18.06 per cent.

WIND.—South, 16 times; north, 15 times; east, 15 times; southwest, 15 times; northeast, 15 times; southeast, 14 times; northwest, 2 times; west, 1 time. The total run of the wind was 6,620 miles, which is 1,805 miles below the August average. This gives a mean daily velocity of 213 miles, and a mean hourly velocity of 9 miles. The highest velocity was 44 miles an hour, from 7:55 to 8 A. M. on the 11th.

BAROMETER.—Mean for the month, 29.099 inches; at 7 A. M., 29.121 inches; at 2 P. M., 29.091 inches; at 9 P. M., 29.084 inches; maximum, 29.333 inches, on the 30th; minimum, 28.895 inches, on the 15th; monthly range, 0.438 inch.

AUGUST.	Mean temperature	Maximum temperature	Minimum temperature	Hot days	Rain—inches	Rainy days	Thunderstorms	Mean cloudiness	Humidity	No. of fogs	Miles of wind	Mean barometer
1868	73.37	93.0	57.0	3	8.32	6	5	42.87	.....	0	.....	.....
1869	78.54	100.0	56.0	16	6.46	13	3	45.49	78.6	1	.....	29.092
1870	72.46	98.0	53.0	11	6.69	15	7	52.80	72.8	1	.....	29.076
1871	74.06	100.0	45.1	16	2.76	9	4	39.44	.....	0	.....	.....
1872	76.32	97.0	53.0	13	4.71	13	6	33.76	72.0	0	8,098	29.120
1873	78.35	104.0	56.0	24	0.90	6	2	23.87	57.8	0	8,190	29.134
1874	82.75	108.0	65.0	26	1.00	6	6	24.95	49.0	0	10,099	29.076
1875	72.50	91.5	55.0	2	2.90	7	3	32.79	68.1	0	9,484	29.080
1876	77.70	94.0	63.0	17	4.45	11	6	26.66	72.4	0	8,235	29.103
1877	74.10	97.0	51.5	7	2.30	5	3	29.57	72.0	0	8,572	29.076
1878	77.14	98.0	56.0	14	2.22	7	4	19.19	74.6	0	8,788	29.045
1879	75.78	99.5	49.0	16	1.63	5	5	28.92	63.8	1	6,835	29.053
1880	75.45	101.0	50.5	14	7.93	10	5	45.70	70.1	0	8,863	29.070
1881	81.23	104.0	62.0	29	1.57	5	2	31.29	62.5	0	7,991	29.050
1882	72.55	95.0	52.5	11	0.09	6	1	32.37	72.4	1	7,463	29.116
1883	72.04	92.5	52.0	1	2.12	6	4	39.89	77.0	0	7,640	29.158
1884	71.14	92.5	47.5	3	5.49	11	4	48.16	77.8	3	9,392	29.110
1885	73.12	95.0	53.0	7	3.70	8	3	33.87	77.8	0	9,124	29.065
1886	79.02	105.0	51.5	18	2.49	11	6	28.60	71.2	0	8,840	29.048
1887	73.62	99.0	49.0	10	4.88	12	5	46.24	60.1	0	6,990	29.077
1888	72.91	97.0	52.0	3	9.07	12	6	48.81	72.1	2	7,841	29.100
1889	72.69	89.0	57.0	0	8.38	6	6	31.50	79.6	2	7,840	29.154
1890	73.74	99.0	55.0	8	6.19	12	4	34.79	.....	2	8,449	29.105
1891	72.49	93.7	.....	7	1.18	6	3	25.59	78.5	0	8,919	29.084
1892	73.73	97.5	55.0	8	3.30	7	5	25.40	76.29	1	9,280	29.090
1893	71.90	93.0	48.0	6	2.86	10	5	28.19	.....	0	6,620	29.099
Means...	74.94	97.4	53.8	11.1	3.96	8.6	4	34.62	70.76	.5	8,356	29.090

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SEPTEMBER, 1893.

One of the five warmest Septembers on our 26 years' record. The sky was unusually free from clouds, and the rainfall and wind velocity were slightly above the average. Only two Septembers during our observations have shown a lower barometric mean. There was a slight hoar frost on the 25th.

MEAN TEMPERATURE.—69.23 deg., which is 2.94 deg. above the September average. The highest temperature was 99 deg., on the 13th; the lowest was 41 deg., on the 25th, giving a range of 58 deg. Mean temperature at 7 A. M., 61.43 deg.; at 2 P. M., 80.52 deg.; at 9 P. M., 67.50 deg.

RAINFALL.—4.40 inches, which is 0.85 inch above the September average. Rain in measurable quantities fell on 7 days. There were 2 thundershowers. The entire rainfall for the nine months of 1893 now completed has been 33.02 inches, which is 3.47 inches above the average for the same months in the preceding 25 years.

MEAN CLOUDINESS.—35.38 per cent. of the sky, the month being 3.76 per cent. clearer than usual. Number of clear days (less than one-third cloudy), 17; half clear (from one- to two-thirds cloudy), 6; cloudy (more than two-thirds), 7. There were 13 entirely clear days and 3 entirely cloudy. Mean cloudiness at 7 A. M., 39 per cent.; at 2 P. M., 35.33 per cent.; at 9 P. M., 31.83 per cent.

WIND.—Southwest, 34 times; east, 17 times; north, 12 times; northeast, 10 times; southeast, 8 times; south, 7 times; northwest, 1 time; west, 1 time. The total run of the wind was 10,350 miles, which is 132 miles above the September average. This gives a mean daily velocity of 345 miles, and a mean hourly velocity of 13.45 miles. The highest velocity was 60 miles an hour, on the 18th, from 11:20 to 11:30 A. M.

BAROMETER.—Mean for the month, 29.041 inches; at 7 A. M., 29.065 inches; at 2 P. M., 29.033 inches; at 9 P. M., 29.024 inches; maximum, 29.407 inches, on the 27th; minimum, 28.558 inches, on the 30th; monthly range, 0.849 inch.

The following table furnishes a comparison with the 25 preceding Septembers:

SEPTEMBER.	Mean temperature.	Maximum temperature.	Minimum temperature.	Rain—inches.	Hot days.	Rainy days.	Thunderstorms.	Mean cloudiness.	Humidity.	No. of fogs.	Miles of wind.	Mean barometer.
1868	61.79	93.0	29.0	4.29	2	6	3	46.77	.....	0	.....	.....
1869	63.96	85.0	30.0	4.45	0	6	2	46.44	78.6	1	.....	29.149
1870	67.15	88.5	53.0	2.82	0	11	2	68.96	82.8	3	.....	29.118
1871	64.40	92.5	36.0	1.49	5	3	1	34.67	63.5	0	.....	29.197
1872	65.99	94.0	37.0	2.55	5	8	4	38.33	64.0	0	12,084	29.055
1873	65.47	94.0	36.0	3.75	6	6	2	40.78	59.9	2	12,350	29.126
1874	66.39	94.0	41.0	6.45	3	12	2	45.89	71.7	0	11,790	29.117
1875	65.75	95.0	38.0	1.39	7	5	1	37.66	64.3	1	10,276	29.166
1876	64.70	92.0	34.0	3.58	4	6	1	38.86	68.6	1	11,796	29.163
1877	66.98	90.0	43.0	1.35	1	5	2	33.25	71.7	3	5,817	29.086
1878	67.58	94.5	41.0	2.51	6	4	2	30.66	66.4	0	11,972	29.120
1879	65.40	92.0	42.0	3.57	2	6	2	37.00	64.0	0	10,237	29.162
1880	64.59	85.0	42.0	2.46	0	7	2	32.00	73.2	1	10,124	29.144
1881	70.59	99.0	42.5	5.72	14	11	4	43.89	60.7	1	10,722	29 001
1882	69.30	105.0	46.0	4.65	7	5	4	35.67	59.2	1	10,026	29 155
1883	63.52	91.0	45.5	1.25	1	7	1	40.33	67.8	1	9,945	29.144
1884	70.36	92.0	48.0	9.15	5	8	5	40.00	76.3	3	11,409	29.087
1885	65.63	86.0	49.0	5.41	0	8	4	41.00	73.8	2	8,611	29.084
1886	71.79	97.0	42.0	2.34	7	8	3	32.00	60.7	0	10,315	29.090
1887	67.56	94.0	43.5	4.73	6	10	1	52.33	72.2	1	9,910	29.176
1888	66.04	94.0	39.0	0.23	2	1	0	22.44	65.7	1	8,043	29.170
1889	63.17	89.0	38.0	5.02	0	9	1	42.06	78.6	3	8,856	29.101
1890	63.16	86.5	37.0	5.62	0	9	1	51.67	78.8	1	9,191	29.163
1891	69.00	90.0	48.0	2.23	2	5	1	23.53	74.7	1	9,780	29.178
1892	68.02	91.0	43.0	2.32	2	4	2	23.89	78.4	0	9,955	29.143
1893	69.23	99.0	41.0	4.40	10	8	2	35.38	.....	0	10,350	29.041
Means	66.40	92.5	40.6	3.58	4	7	2	39.00	69.5	1	10,226	29.118

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OCTOBER, 1893.

One of the five warmest Octobers on our 26 years' record. The first black frost of the season occurred on the 15th, five days earlier than the average date. The most remarkable meteorological feature of the month was the insignificant rainfall of less than $\frac{2}{10}$ of an inch, as against an October average of 3 inches. The percentage of cloudiness was only half the average, and lower than has ever before been noted for October at this station. The barometer was below the normal, and the wind velocity considerably above.

MEAN TEMPERATURE.—55.92 deg., which is 1.42 deg. above the October average. The highest temperature was 87 deg., on the 9th; the lowest was 31 deg., on the 15th, giving a range of 56 deg. Mean temperature at 7 A. M., 47.50 deg.; at 2 P. M., 68.60 deg.; at 9 P. M., 55.92 deg.

RAINFALL.—0.19 inch, which is 2.80 inches below the October average. Rain in measurable quantities fell on 2 days. There were no thundershowers. The entire rainfall for the 10 months of 1893 now completed has been 33.21 inches, which is 0.88 inch above the average for the same months in the preceding 25 years.

MEAN CLOUDINESS.—19.12 per cent. of the sky, the month being 18.62 per cent. clearer than usual. Number of clear days (less than one-third cloudy), 23; half clear (from one- to two-thirds cloudy), 7; cloudy (more than two-thirds), 1. There were 11 entirely clear days and 1 entirely cloudy. Mean cloudiness at 7 A. M., 20.64 per cent.; at 2 P. M., 19.64 per cent.; at 9 P. M., 17.09 per cent.

WIND.—South, 27 times; southwest, 25 times; north, 16 times; northwest, 13 times; east, 16 times; west, 4 times; southeast, 1 time; northeast, 1 time. The total run of the wind was 12,670 miles, which is 1,308 miles above the October average. This gives a mean daily velocity of 408 miles, and a mean hourly velocity of 17.03 miles. The highest velocity was 45 miles an hour, on the 11th, from 10 A. M. to 12 M.

BAROMETER.—Mean for the month, 29.077 inches; at 7 A. M., 29.097 inches, at 2 P. M., 29.045 inches; at 9 P. M., 29.089 inches; maximum, 29.566 inches, on the 29th; minimum, 28.612 inches, on the 5th; monthly range, 0.954 inch.

The following table furnishes a comparison with the 25 preceding Octobers:

OCTOBER	Mean temperature	Maximum temperature	Minimum temperature	Hot days	Rain—inches	Snow—inches	Rainy days	Thunderstorms	Mean cloudiness	Humidity	No. of fogs	Miles of wind	Mean barometer
1868	52.37	82.0	25.0	0	1.58	0.00	4	0	36.34	71.7	5	.....	29.180
1869	43.97	78.0	15.0	0	0.69	1.25	5	0	25.38	.....	0	.....	29.219
1870	55.85	79.0	29.0	0	6.96	0.00	12	2	54.19	75.9	1	.....	29.126
1871	55.37	90.0	32.0	1	3.58	0.00	8	0	36.77	60.2	2	.....	29.110
1872	54.90	92.0	27.0	2	1.95	0.00	4	2	21.40	53.6	1	11,108	29.140
1873	50.50	83.0	16.5	0	0.92	0.00	6	1	29.59	57.8	0	13,845	29.171
1874	55.52	89.0	19.5	0	1.92	0.00	4	1	39.03	67.2	4	11,691	29.115
1875	53.18	86.0	25.0	0	1.16	0.00	4	1	36.23	56.1	1	13,493	29.199
1876	53.40	83.5	25.0	0	1.93	0.00	6	2	35.91	59.8	0	11,243	29.058
1877	54.45	80.0	34.0	0	5.85	0.00	12	3	58.49	79.3	3	7,530	29.095
1878	55.55	87.0	20.0	0	0.44	1.00	6	1	28.92	63.7	0	15,106	29.144
1879	60.46	87.5	25.5	0	2.81	0.00	7	2	31.94	71.2	1	10,952	29.253
1880	52.52	81.0	28.0	0	2.73	0.00	6	0	39.24	66.3	0	12,745	29.094
1881	59.27	91.0	39.5	1	4.35	0.00	9	3	31.72	74.2	3	13,189	29.123
1882	48.54	84.5	34.0	0	3.08	0.00	9	5	41.51	69.2	2	11,435	29.049
1883	52.67	87.0	32.5	0	6.75	1.00	15	4	58.27	72.9	4	11,773	29.132
1884	57.87	85.0	31.0	0	2.38	0.00	8	2	34.19	74.8	5	10,150	29.179
1885	51.22	77.0	29.0	0	3.32	0.00	7	2	38.92	70.5	3	9,358	29.089
1886	60.23	86.0	27.0	0	1.59	0.00	4	3	25.91	59.1	1	10,658	29.219
1887	52.01	87.0	26.0	0	3.83	0.00	6	1	24.09	65.8	0	12,250	29.178
1888	53.07	85.0	32.0	0	3.74	0.00	4	2	39.46	66.6	1	11,160	29.078
1889	53.56	89.0	31.0	0	2.09	0.00	6	2	49.25	72.2	4	8,501	29.178
1890	54.85	90.5	28.5	0	5.35	0.00	6	2	36.59	.....	6	10,870	29.053
1891	54.14	86.0	30.0	0	1.35	0.00	5	1	27.53	72.4	3	12,570	29.217
1892	56.91	85.0	32.0	0	3.48	0.00	5	1	36.88	75.7	0	10,200	29.145
1893	55.92	87.0	31.0	0	0.19	0.00	2	0	19.12	.....	3	12,670	29.077
Means	54.55	86.0	29.6	0	2.88	0.12	7	2	37.02	67.6	2	11,412	29.139

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NOVEMBER, 1893.

The temperature was slightly below the mean, and the usual number of winter days (with mean below 32 deg.) occurred. The rainfall was but half the average, and this is the third consecutive November with light precipitation. A few snow flurries occurred, but no snowfall of sufficient depth to measure. The mean cloudiness was perceptibly below the average, the barometer about average, and the wind velocity slightly below.

MEAN TEMPERATURE.—39.325 deg., which is 0.625 deg. below the November average. The highest temperature was 77 deg., on the 1st; the lowest was 15 deg., on the 23d, giving a range of 62 deg. Mean temperature at 7 A. M., 31.85 deg.; at 2 P. M., 50.08 deg.; at 9 P. M., 37.68 deg.

RAINFALL.—0.97 inch, which is 0.97 inch below the November average. Rain or snow in measurable quantities fell on 4 days. There was snow (trace) on the 12th, 25th, and 30th. There were no thundershowers. The entire rainfall for the 11 months of 1893 now completed has been 34.18 inches, which is 0.22 inch below the average for the same months in the preceding 25 years.

MEAN CLOUDINESS.—31 per cent of the sky, the month being 13.96 per cent. clearer than usual. Number of clear days (less than one-third cloudy), 16; half clear (from one- to two-thirds cloudy), 9; cloudy (more than two-thirds), 5. There were 8 entirely clear days and 1 entirely cloudy. Mean cloudiness at 7 A. M., 43 per cent.; at 2 P. M., 30 per cent.; at 9 P. M., 21 per cent.

WIND.—Southwest, 23 times; north, 16 times; south, 16 times; northwest, 13 times; west, 10 times; southeast, 6 times; east, 5 times; northeast, 1 time. The total run of the wind was 10,990 miles, which is 467 miles below the November average. This gives a mean daily velocity of 366 miles, and a mean hourly velocity of 15.26 miles. The highest velocity was 52 miles an hour, on the 16th, at 12:50 P. M.

BAROMETER.—Mean for the month, 29.145 inches; at 7 A. M., 29.158 inches; at 2 P. M., 29.119 inches; at 9 P. M., 29.158 inches; maximum, 29.481 inches, on the 24th; minimum, 28.585 inches, on the 21st; monthly range, 0.896 inch.

The following table furnishes a comparison with the 25 preceding Novembers:

NOVEMBER	Mean temperature	Maximum temperature	Minimum temperature	Winter days	Rain—inches	Snow—inches	Rainy days	Thunderstorms	Mean cloudiness	Humidity	No. of fogs	First white frost	First black frost	First snow	Miles of wind	Mean barometer
1868	37.59	73.0	17.0	12	3.54	6.00	5	0	51.77	69.8	1	S 16	S 17	N 9	.....	29.202
1869	39.01	72.0	23.0	9	1.86	0.00	8	0	62.89	.....	2	S 25	S 25	O 19	.....	29.111
1870	44.54	72.0	17.0	2	0.57	0.00	3	0	36.84	67.9	0	O 12	O 31	O 23	.....	29.151
1871	35.60	72.5	3.0	13	2.48	5.00	12	1	57.44	72.3	4	S 27	N 1	O 31	.....	29.106
1872	33.03	67.0	-1.0	14	0.01	0.00	1	0	44.89	55.8	0	S 27	O 10	N 14	12,202	29.174
1873	42.10	78.0	12.0	4	1.24	0.00	2	0	35.00	55.4	0	S 8	O 6	N 27	15,414	29.129
1874	38.35	77.5	5.0	12	3.69	14.00	10	0	56.67	72.4	2	S 15	O 12	N 17	16,104	29.164
1875	35.55	70.0	2.0	11	0.30	0.00	3	0	52.78	62.1	0	S 18	O 18	N 13	12,392	29.133
1876	37.50	72.0	9.0	8	2.60	3.50	5	0	46.11	70.9	0	S 29	O 1	N 13	12,287	29.171
1877	39.23	64.0	9.0	5	1.47	0.00	8	1	48.89	73.8	1	O 4	N 5	N 8	9,494	29.169
1878	45.87	72.0	22.0	0	1.55	2.00	5	0	42.00	62.6	1	O 18	O 18	O 26	11,198	29.137
1879	44.26	76.5	16.0	5	5.15	2.00	6	4	38.33	70.6	3	O 19	O 24	N 28	11,964	29.147
1880	31.58	65.5	7.5	16	2.24	2.50	9	0	51.77	74.4	2	S 13	O 17	N 16	11,325	29.193
1881	40.40	71.5	11.0	6	2.55	0.00	5	2	45.55	66.9	2	S 25	N 9	N 18	13,906	29.186
1882	43.07	80.0	20.0	3	2.08	0.00	7	0	43.12	72.0	0	O 19	N 11	N 16	11,118	29.141
1883	42.77	74.0	14.5	4	0.73	0.00	2	2	38.22	63.9	5	O 14	N 1	O 24	13,692	29.147
1884	41.53	70.0	9.5	3	0.80	1.50	3	0	40.77	72.1	5	O 8	O 23	N 18	10,503	29.175
1885	43.33	76.0	20.0	1	1.43	0.00	4	0	50.89	65.0	0	O 4	O 6	N 12	11,538	29.066
1886	40.08	76.0	15.0	6	1.88	0.50	5	1	35.12	63.6	0	O 1	O 27	N 11	13,230	29.121
1887	52.55	89.0	-1.0	6	1.40	1.00	4	1	38.89	61.5	1	O 12	O 24	N 23	11,610	29.177
1888	39.20	79.0	21.0	7	4.54	12.00	6	1	50.67	74.5	1	S 28	O 9	N 9	9,520	29.223
1889	38.25	75.0	11.0	4	1.96	0.00	3	0	44.18	72.2	0	S 27	N 27	N 25	10,060	29.206
1890	44.09	68.0	24.0	0	2.56	0.00	5	0	29.33	73.8	1	S 13	O 27	O 23	10,395	29.228
1891	39.46	80.9	10.0	8	0.81	1.00	7	0	54.33	75.5	0	S 4	N 1	D 6	12,475	29.155
1892	40.38	65.0	21.0	4	0.98	0.00	2	0	40.00	64.2	4	O 9	.....	N 16	11,580	29.150
1893	39.32	77.0	15.0	6	0.97	0.00	4	0	31.00	.....	2	S 25	O 28	S 25	10,990	29.145
Means	39.93	73.5	12.2	6	1.90	2.00	5	.5	44.45	68.0	2	S 30	O 27	N 11	11,488	29.152

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DECEMBER, 1893.

A warm, dry, windy December. Six Decembers on our 26 years' record have been warmer, only three have had less rain, and four have been clearer. The total run of the wind was the highest on the record. Last December the total run was the lowest on our record. The last half of the month was much warmer than the first half, there being a difference of 10 degrees in mean temperature.

MEAN TEMPERATURE.—35.57 deg., which is 5.03 deg. above the December average. The highest temperature was 68 deg., on the 22d; the lowest was 5 deg., on the 26th, giving a range of 63 deg. Mean temperature at 7 A. M., 29.82 deg.; at 2 P. M., 43.48 deg.; at 9 P. M., 34.50 deg.

RAINFALL (including melted snow).—0.53 inch, which is 1.05 inches below the December average. Rain or snow in measurable quantities fell on 4 days. The entire depth of snow was 3 inches. There were no thundershowers. The entire rainfall for the 12 months of 1893, now completed, has been 34.71 inches, which is 1.41 inches below the average annual rainfall for the preceding 25 years.

MEAN CLOUDINESS.—40.23 per cent. of the sky, the month being 9.78 per cent. clearer than usual. Number of clear days (less than one-third cloudy, 13; half clear (from one- to two-thirds cloudy), 13; cloudy (more than two-thirds), 5. There were 5 entirely clear days and 4 entirely cloudy. Mean cloudiness at 7 A. M., 41 per cent.; at 2 P. M., 46.13 per cent.; at 9 P. M., 33.55 per cent.

WIND.—Southwest, 39 times; northwest, 21 times; north, 12 times; south, 6 times; southeast, 5 times; east, 4 times; west, 4 times; northeast, 2 times. The total run of the wind was 14,930 miles, which is 3,080 miles above the December average. This gives a mean daily velocity of 481.6 miles, and a mean hourly velocity of 20 miles. The highest velocity was 50 miles an hour, on the 14th.

BAROMETER.—Mean for the month, 29.199 inches; at 7 A. M., 29.204 inches; at 2 P. M., 29.191 inches; at 9 P. M., 29.202 inches; maximum, 29.724 inches, on the 12th; minimum, 28.660 inches, on the 15th; monthly range, 1.064 inches.

The following table furnishes a comparison with the 25 preceding Decembers:

DECEMBER.....	Mean temperature.....	Maximum temperature.....	Minimum temperature.....	Winter days.....	Zero days.....	Rain—inches.....	Snow—inches.....	Rainy days.....	Thunderstorms.....	Mean cloudiness.....	Humidity.....	No. of fogs.....	Miles of wind.....	Mean barometer.....
1868....	23.97	53.0	-16.0	25	4	2.13	16.0	6	0	49.16	77.2	1	.....	29.205
1869....	29.63	65.0	4.0	7	0	0.87	5.5	6	0	56.56	72.2	4	.....	29.187
1870....	28.39	64.0	-10.0	15	4	0.72	6.5	5	0	49.79	73.1	1	.....	29.192
1871....	24.45	58.0	-6.0	21	4	1.12	5.7	6	0	45.27	65.9	1	.....	29.192
1872....	19.81	58.5	-18.0	24	8	1.24	11.0	4	0	44.30	65.7	1	11,533	29.299
1873....	31.07	67.5	9.0	15	0	4.39	3.5	11	2	61.50	75.2	0	12,254	29.199
1874....	30.74	55.5	-3.0	19	1	1.17	7.5	5	0	47.00	79.4	1	11,820	29.236
1875....	39.35	73.0	0.0	9	1	3.55	0.0	5	2	49.14	66.6	0	13,688	29.027
1876....	23.60	56.0	5.0	21	3	0.43	4.0	5	0	37.85	68.9	0	11,063	29.260
1877....	44.43	68.0	10.0	2	0	2.12	0.5	10	2	58.17	74.4	0	10,683	29.191
1878....	23.05	53.0	-6.0	25	7	1.98	20.0	6	0	53.75	65.7	1	9,090	29.268
1879....	29.23	65.5	-9.0	21	2	2.39	3.0	6	1	51.83	74.0	2	12,821	29.172
1880....	25.84	61.0	-12.0	20	2	0.43	1.5	8	0	54.08	76.5	4	11,661	29.243
1881....	40 10	63.0	18.0	1	0	0.90	1.0	4	0	55.26	68.3	1	12,679	29.214
1882....	31.25	58.0	-9.5	16	1	1.24	5.0	5	0	61.61	76.7	5	11,247	29.189
1883....	38.72	93.0	3.5	19	0	0.77	2.0	8	0	46.24	68.8	2	13,680	29.199
1884....	23.54	59.6	-6.5	19	6	2.56	6.5	8	0	66.34	80.0	1	10,015	29.189
1885....	32.54	57.0	-1.5	13	1	1.25	10.0	7	0	58.33	69.9	1	11,660	29.177
1886....	24.03	58.0	-6.0	23	4	0.83	2.0	6	0	37.77	73.4	0	12,170	29.254
1887....	28.13	60.0	8.0	17	4	2.08	3.0	6	1	53.22	80.2	3	12,070	29.247
1888....	34.78	60.0	7.0	12	0	1.78	3.0	6	0	41.29	74.4	0	11,750	29.185
1889....	44.78	72.0	11.0	2	0	0.06	0.0	2	0	47.89	76.3	6	12,380	29.110
1890....	35.98	67.0	15.0	10	0	1.00	4.0	2	1	33.39	80.3	2	12,800	29.214
1891....	38.26	63.0	10.0	6	2	2.41	3.0	8	3	36.56	76.1	0	14,790	29.191
1892....	26.17	67.0	-9.0	23	1	1.83	9.5	5	0	61.17	91.7	0	9,010	29.198
1893....	35.57	68.0	5.0	11	0	0.53	3.0	4	0	40.23	.....	1	14,930	29.199
Means..	30.78	62.3	-7.0	11	2	1.54	5.08	6	0.5	49.63	74.0	2	11,968	29.191

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SUMMARY FOR THE YEAR 1893.

The year 1893 was characterized by a cool summer, a warm spring and fall, and a low average winter temperature, with a notable absence of extremes. The number of very hot summer days and very cold winter days was much below the average. Two of the hottest days were April 6 and September 13, and 10 of the 31 hot days of the year were in September.

An anomaly in temperature was the month of December, in which the last half was 10 deg. warmer than the first half. With the exception of 3 days in the first week of December, every day of that month was favorable for outdoor mason work.

After 5 successive years of rainfall above the average, the year 1893 afforded a total precipitation slightly below the average.

A marked peculiarity of the year was the low percentage of cloudiness. The skies were clearer than in any preceding year of our record.

The velocity of the wind was greater than in any year since 1888, but no damage was done by high winds at this station. A destructive tornado occurred on June 21 at Williamstown, only 10 miles distant, but the university anemometer indicated at that time a maximum velocity of only 50 miles an hour.

TEMPERATURE.

Mean temperature of the year, 52.39 deg., which is 0.55 deg. below the mean of our 26 years' record. The highest temperature was 99 deg., on September 13; the lowest was 5.5 deg. below zero, on February 7, giving a range of 104.5 deg. Mean at 7 A. M., 46.12 deg.; at 2 P. M., 61.32 deg.; at 9 P. M., 51.06 deg.

Mean temperature of the winter months, 28.35 deg., which is 0.64 deg. below the average winter temperature; of the spring, 52.07 deg., which is 1.29 deg. above the average; of the summer, 74.28 deg., which is 1.29 deg. below the average; of the autumn, 54.82 deg., which is 1.27 deg. above the average.

The warmest month of the year was July, with a mean temperature of 78.10 deg.; the warmest week was July 10 to 16, mean 82.13 deg.; the warmest day was July 14, mean 87.3 deg. The mercury reached or exceeded 90 deg. on 31 days, 6 below the average number. Of these 31 hot days, 1 was in April, 4 were in June, 10 in July, 6 in August, and 10 in September.

The last hoar frost of spring was on May 2; the first hoar frost of autumn was on September 25, giving an interval of 146 days, or nearly 5 months, entirely without frost. This is 8 days shorter than the average interval.

The last severe frost of spring was on March 26; the first severe frost of autumn was on October 15, giving an intervrl of 203 days, or nearly 7 months, without severe frost. The average interval is 200 days. No frost during spring or autumn caused damage to crops of grain or fruit.

RAIN.

The entire rainfall, including melted snow, was 34.71 inches, which is 1.41 inches below the annual average. Either rain or snow, or both, in measurable quantities, fell on 84 days—16 less than the average. On 19 other days rain or snow fell in quantities too small for measurement. The heaviest rain of the year was 2.75 inches, on May 20. The number of thundershowers was 35.

SNOW.

The entire depth of snow was 20 inches, of which 1 inch fell in January, 7 inches in February, and 9 inches in March. This is 1 inch below the annual average. Snow fell on 19 days, on 9 of which the quantity was too small for measurement. The last snow flurry of spring was on March 27; the first snow of autumn was on November 12.

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FACE OF THE SKY.

The mean cloudiness of the year was 37.08 per cent., which is 6.88 per cent. below the average. The number of clear days (less than one-third cloudy) was 176; half clear (from one- to two-thirds cloudy), 121; cloudy (more than two-thirds), 68. There were 66 entirely clear and 23 entirely cloudy days. The clearest month was October, with a mean of 19.12 per cent.; the cloudiest month was April, mean 48.93 per cent. The percentage of cloudiness at 7 A. M. was 42.93; at 2 P. M., 38.83; at 9 P. M., 29.48. There were only 7 fogs during the entire year.

DIRECTION OF THE WIND.

During the year, three observations daily, the wind was from the southwest 280 times; northwest, 170 times; south, 155 times; north, 132 times; east, 114 times; southeast, 103 times; northeast, 81 times; west, 60 times. The south winds (including southwest, south, and southeast) outnumbered the north (including northwest, north, and northeast) in a ratio of 538 to 383.

VELOCITY OF THE WIND.

The number of miles traveled by the wind during the year was 139,820, which is 5,131 miles above the annual average. This gives a mean daily velocity of 382.02 miles, and a mean hourly velocity of 15.92 miles. The highest velocity was 60 miles an hour, on April 19 and September 18. The highest daily velocity was 1,200 miles, on the 20th of April; the highest monthly velocity was 15,080 miles, in April. The windiest months were March, April, and December; the calmest months were June, July, and August. The average velocity at 7 A. M. was 14.57 miles; at 2 P. M., 17.60 miles; at 9 P. M., 15.60 miles.

BAROMETER.

Mean height of barometer column, 29.087 inches, which is 0.023 inch below the annual average. Mean at 7 A. M., 29.103 inches; at 2 P. M., 29.074 inches; at 9 P. M., 29.084 inches; maximum, 29.956 inches, on February 27th; minimum, 28,871 inches, on March 8th; yearly range, 1.585 inches. The highest monthly mean was 29.199 inches, in January; the lowest was 28.967 inches, in April. The barometer observations are corrected for temperature and instrumental error only, the altitude being 874 feet above the level of the sea.

The following tables give the mean temperature, the extremes of temperature, the number of inches of rain and snow, the number of rainy days, the number of thundershowers, the mean cloudiness, the relative humidity, the number of fogs, the velocity of the wind, and the mean and extreme barometer heights, for each month of the year 1893, and a comparison with each of the 25 preceding years:

1893.	Mean temperature.	Maximum temperature.	Minimum temperature.	Rain—inches.	Snow—inches.	Rainy days.	Thunderstorms.	Mean cloudiness.	No. of fogs.	Miles of wind.	Mean barometer.
January	22.38	50.0	-0.5	0.08	1.00	3	0	41.00	0	11,830	29.142
February	27.10	68.5	-5.5	1.48	7.00	6	2	46.62	0	12,320	29.187
March	40.06	78.0	7.0	3.00	9.00	5	3	41.55	1	14,990	29.085
April	54.28	91.0	31.0	3.21	0.00	13	2	48.93	0	15,080	28.959
May	61.87	86.0	42.0	7.62	0.00	11	5	40.40	0	11,370	28.996
June	72.74	92.5	56.0	5.07	0.00	9	6	42.20	0	9,210	29.034
July	78.10	97.0	66.0	5.30	0.00	9	10	30.00	0	9,460	29.079
August	72.00	93.0	48.0	2.86	0.00	10	5	28.19	0	6,620	29.099
September	69.23	99.0	41.0	4.40	0.00	8	2	35.38	0	10,350	29.041
October	55.92	87.0	31.0	0.19	0.00	2	0	19.12	3	12,670	29.077
November	39.33	77.0	15.0	0.97	0.00	4	0	31.00	2	10 990	29.145
December	35.57	68.0	5.0	0.53	3.00	4	0	40.23	1	14,930	29.199
Means	52.39	82.3	28.0	2.89	1.67	7	3	37.08	0.6	11,652	29.087

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TWENTY-SIX YEARS. 1868-1893.

YEAR.....	Mean temperature...	Maximum temperature...	Minimum temperature...	Hot days—above 90 deg...	Zero days.....	Days between severe frosts...	Rain—inches...	Snow—inches...	Rainy days.....	Thunderstorms..	Mean cloudiness.....	Humidity	No. of fogs	Miles of wind...	Mean barometer.....
1868	52.77	101.0	-16.5	43	7	160	37.48	27.5	77	....	42.35	.....	....	.....	.....
1869	50.51	96.0	-5.0	23	2	167	38.51	18.0	105	33	49.23	78.2	19	.....	29.106
1870	53.70	102.0	-10.0	51	6	197	31.32	9.5	100	27	47.88	68.4	13	.....	29.097
1871	53.56	103.0	-6.0	48	8	218	33.23	29.7	120	24	47.37	65.9	6	.....	29.073
1872	51.30	97.0	-18.0	45	16	192	32.63	23.2	116	40	44.33	64.4	11	.....	29.117
1873	51.96	104.0	-26.0	48	9	165	32.94	26.5	101	17	42.46	64.0	6	154,508	29.092
1874	53.68	108.0	-3.0	58	2	187	28.87	43.0	99	20	45.54	65.7	14	145,875	29.123
1875	50.60	99.0	-16.5	32	12	196	28.87	5.0	106	21	44.81	66.7	5	145,316	29.101
1876	52.76	98.0	-5.0	36	4	179	44.18	25.7	102	29	41.27	66.8	4	148,120	29.102
1877	54.16	99.0	-9.0	20	3	217	41.09	15.5	126	39	47.12	72.6	11	113,967	29.112
1878	55.31	98.0	-6.0	35	7	228	38.39	25.5	107	38	40.65	70.2	5	125,793	29.067
1879	54.67	99.5	-16.0	48	13	203	32.68	10.3	90	36	40.01	67.1	10	124,768	29.127
1880	54.01	101.0	-12.0	41	2	211	32.65	7.0	89	29	40.15	67.9	18	146,039	29.123
1881	54.65	104.0	-8.0	68	6	210	33.27	32.5	110	31	47.42	70.1	11	141,430	29.103
1882	54.94	105.0	-6.5	40	1	232	27.60	18.0	102	26	45.41	68.6	14	137,736	29.113
1883	51.66	96.5	-14.0	26	8	217	40.65	12.5	106	32	45.24	69.7	18	141,164	29.135
1884	51.30	98.0	-21.5	20	14	198	43.45	29.0	105	35	47.56	72.6	28	131,188	29.111
1885	51.01	96.0	-14.5	27	21	176	36.97	34.0	103	31	44.57	71.3	9	123,013	29.107
1886	52.96	105.0	-18.0	53	16	203	24.25	23.5	103	27	39.64	65.5	5	127,769	29.111
1887	53.12	102.0	-20.0	40	16	203	33.84	25.0	91	23	40.91	69.8	13	132,367	29.109
1888	52.28	99.0	-18.0	28	9	203	44.17	22.0	83	37	42.49	72.2	15	128,185	29.132
1889	53.57	94.0	-3.5	6	4	213	43.99	6.0	81	37	43.82	73.2	28	120,230	29.125
1890	54.10	100.5	-5.5	43	2	209	36.32	15.5	84	24	42.67	73.8	24	133,589	29.125
1891	52.60	93.7	1.0	10	0	211	43.32	22.2	99	39	42.90	79.0	9	134,547	29.113
1892	52.26	97.5	-19.0	34	3	203	42.34	17.0	89	24	43.21	81.0	9	138,185	29.116
1893	52.39	99.0	-5.5	31	4	203	34.71	20.0	84	35	37.08	.....	7	139,820	29.087
M'n	52.92	99.9	-11.6	37	8	200	36.07	20.9	99	30	43.70	70.2	13	134,933	29.109

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REGISTRATION OF PHYSICIANS

IN KANSAS.

Regular	1,328	Physio-pathic	1
Eclectic	296	New School	1
Homeopathic	198	Rational	1
Midwives	161	Botanic	1
Physio-medical	11	Independent	1
Magnetic	2	Not stated	62
Scientific	2	Total	2,060

NOTE.—In the column headed "School of Practice," in the following tables, the characters used are explained as follows:

R.—Regular.
E.—Eclectic.
H.—Homeopathic.
P. M.—Physio-medical.
P. P.—Physio-pathic.
M.—Midwife.
X.—Magnetic.
U.—Universal.
R. R.—Rational.
H. H.—Herbalist.
B.—Botanic.
E. E.—Eye and Ear.
H. X.—Hygienist.
N. S.—New School.
S.—Scientific.
Ind.—Independent.

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REGISTRATION OF PHYSICIANS AND MIDWIVES — 1893.

...TY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
.....	.....	.....	.....	....	.....	.....	.....	.....	No board.
...RSON COUNTY:									
...ig, D. M.	1889	R.	Garnett	35	Indiana	13	1876	.....	Keokuk, Iowa.
Cunningham, M. E.	1889	R.	"	32	"	2	1886	Woman's Medical College	Chicago, Ill.
Henning, J. A.	1885	E.	"	56	Pennsylvania	28	1883	Bennett " "	" "
Jones, J. B.	1885	E.	Mont Ida	38	America	15½			
Kirkpatrick, Thos	1885	R.	Westphalia	27	Iowa	3½	1883	College Physicians and Surgeons	Chicago, Ill.
Lindsay, Thos.	1885	R.	Garnett	56	Ohio	36	1853	Cleveland Medical College	Cleveland, Ohio.
Metcalf, E. T.	1885	R.	Colony	36	Illinois	18			
Monroe, H. P.	1887	R.	Harris	38	"	5	1883	College Physicians and Surgeons	Keokuk, Iowa.
Pilkington, Geo. W.	1885	R. E.	Garnett	36	"	10	1881 1876	Miami Medical College Eclectic Medical College	Cincinnati, Ohio. " "
Schoonover, Geo.	1885	H.	"	51	Ohio	15			
Smith, I. M.	1885	E.	"	35	Indiana	12	1877	Eclectic Medical College	Cincinnati, Ohio.
Swank, J. W.	1885	R.	"	57	Iowa	30	.....	Keokuk " "	Keokuk, Iowa.
Splawn, R. C.	1885	R.	Equity	37	Missouri	13	.....	Louisville " "	Louisville, Ky.
Thomas, E. D.	1885	R.	Colony	40	Illinois.				
Taylor, D. O	1892	R.	Greeley	46	Kentucky	18	1875	Miami Medical College	Cincinnati, Ohio.
Van Stavern, D. C.	1886	R.	Garnett	29	Illinois.	4	1883	Chaddock " "	Quincy, Ill.
Wing, H. E.	1887	R.	Kincaid	47	Ohio	24	1861	Western Reserve Medical College	Cleveland, Ohio.
ATCHISON COUNTY:									
Brying, J. V.	1885	R.	Atchison	50	Canada	22	1863	Victoria Medical College	Toronto, Can.
Bogle, W. H	1885	R.	"	25	Ohio	.....	1885	Jefferson " "	Philadelphia, Pa.
Cochran, W. W.	1885	R.	"	65	Kentucky	35	1848	Louisville " "	Louisville, Ky.
Campbell, W. W.	1885	R.	"	37	Canada	12	1873	Michigan University Long Island Hospital College	Ann Arbor, Mich. Brooklyn, N. Y.
Copp, C. H.	1885	H.	"	29	Wisconsin	3	1882	Hahnemann Medical "	Chicago, Ill.
Clark, A. J.	1885	R.	"	58	Ohio	25	1857	Royal College Physicians and Surgeons	Edinburgh, Scotland.
Dickey, Robert.	1885	R.	"	48	Pennsylvania	23	1862	College Physicians and Surgeons	St. Joseph, Mo.
Fisher, R. H.	1885	.....	"						
Gress, Peter.	1885	E.	"	35	Pennsylvania	9	.....	Peabody	Philadelphia, Pa.
Hambleton, W. S.	1885	X.	"	62	"	32	.....	Hydropathic Institute	Port Chester, N. Y.
Heath, H. S.	1885	R.	"	69	"	38	1884	College Medicine and Surgery	Fort Wayne, Ind.
Headly, John S.	1885	R.	"	36	Missouri	12	1879	Missouri Medical College	St. Louis, Mo.
Johnson, G. H. T	1885	H.	"	42	Illinois.	16½	1869	Homeopathic Medical College	Missouri.
Jones, Wiley.	1885	R.	Huron	31	Missouri	6	1878	State University	Columbia, Mo.
Lamphear, A. H.	1885	R.	Atchison	55	New York	28	1859	University Medical College	New York city.
Leupson, J. J.	1885	E.	"	44	Illinois	15			
Linley, C. H.	1885	R.	"	37	Kentucky	9	1876	Miami Medical College	Cincinnati, Ohio.
Miller, R. A.	1885	H.	"	49	"	26	1870	University of Louisville	Louisville, Ky.
Martin, J. F.	1885	R.	Arrington	56	"	30	1854	Transylvania University	Kentucky.
Mitchell, P. S	1885	R.	Atchison	32	"	5	1879	Kentucky State Board.	

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Page, S. C.	1885	R.	Effingham	40	Pennsylvania	6	1880	College Physicians and Surgeons	St. Joseph, Mo.
Plummer, L. N.	1885	R.	Muscotah	37	Ohio	18		Certificate State Board.	
Preston, J. F.	1885	R.	Arrington.	33	Missouri	14	1879	St. Joseph Medical College	St. Joseph, Mo.
Riggs, S. M.	1885	E.	Muscotah	32	Kentucky	13	1873		Buffalo, N. Y.
Sample, J. A. T.	1885	R.	Atchison	51	Ohio	24	1860	Ohio Medical College	Cincinnati, Ohio.
Shelly, E. T.	1885	R.	Huron	26	Pennsylvania	4	1881	University of Pennsylvania	Philadelphia, Pa.
Blair, G. Edward		R.	Atchison	27	America	4		College Physicians and Surgeons	New York city.
Campbell, D. W.		R.	"	33	Canada	12		University of Michigan	Ann Arbor, Mich.
Cassidy, Jos.		R.	Cummings.						
Charles, —		R.	Lancaster.						
Farras, M. C.		R.	Atchison	30	America	10		St. Louis Medical	St. Louis, Mo.
Hudson, W. H.		R.	"	32	"	5		Meharry	Nashville, Tenn.
Linley, J. M.		R.	"	55	"	33		Ohio Medical	Cincinnati, Ohio.
Loper, Francis M.		E.	"	48	"	15		Indiana Eclectic	Indianapolis, Ind.
Marshall, J. F.			"	52	"	30			
Moore, P. R.		R.	Effingham	48	"	19		Ohio Medical	Cincinnati, Ohio.
Mallette, —		R.	Atchison.						
Ramsey, A. J.		R.	Potter.						
Von Fischering, Peter		R.	Atchison	59	Germany	34		Heidelberg	Heidelberg, Ger.
Midwives:									
Bratton, Hannah	1885	M.	Atchison	58	Kentucky	20			
Smith, Rebecca A.	1885		"	48	Indiana	19		Northwestern University	Chicago, Ill.
BARBER COUNTY:									
Brottan, B. F.	1880	R.	Medicine Lodge				1878	Rush Medical College	Chicago, Ill.
Burney, B. R.	1885	R.	"	58	America	37			
Cloud, A. S.	1885	R.	Kiowa.	48	"	25	1867	Louisville University	Louisville, Ky.
Cushenberry, J. T.	1892	R.	Sharon				1875	College Physicians and Surgeons	Keokuk, Iowa.
Downtain, C. H.		R.	Kiowa.	48	America	23	1875	" " "	"
Dumington, R. H.	1892	E.	Hazelton	45	"	21	1874	Eclectic Medical College	Cincinnati, Ohio.
Davis, T. W.	1875	R.	Sharon	53	"	29			
Erwin, J. E.	1892	R.	Hazelton	40	"	14	1878	Louisville Medical College	Louisville, Ky.
Harris, W. H.		E.	Kiowa.	34	"	11	1881	American " "	St. Louis, Mo.
Kociell, S.		H.	Medicine Lodge	48	Poland	10	1881	Iowa State University	Iowa City, Iowa.
Karr, J. D.	1892	R.	"	44	Illinois	16	1892	College Physicians and Surgeons	Keokuk, Iowa.
Moore, W. H.	1885	E.	"	54	America	27			
Paxon, R. S.	1892	H.	Kiowa.	45	"	12	1880	Hahnemann Medical College	Chicago, Ill.
Gould, H. G.		R.	Medicine Lodge		Germany				Fort Wayne, Ind.
Hamlin, E. R.	1892	M.	Roundup		"				
Midwives:									
Pelton, Cyntha	1892	M.	Sharon.						
Wilt, Martha	1892	M.	"						
BARTON COUNTY									No return.
BOURBON COUNTY:									
Aikman, R.	1885	R.	Fort Scott	42	America	17	1868	Bellevue Hospital and Mich. Univ.	New York and Mich.
Antriam, C. C	1885	R.	"	33	"	2			
Blatchley, W. D.	1885	R.	"	35	"	9	1877	Eclectic Medical Institute	Cincinnati, Ohio.
Ball, S. E.	1892	R.	"	22	"	¾	1892	College Physicians and Surgeons	St. Louis, Mo.
Carver, J. B.	1888	R.	"	30	"	6	1882	Rush Medical College	Chicago, Ill.
Corey, E. J.	1885	H.	"	35	"	5	1882	Hahnemann Medical College	"

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
BOURBON COUNTY—*Concl.*:									
Cummings,	1885	R.	Bronson	34	America	5½	1888	College Physicians and Surgeons	New York city.
Coryell, M.	1892	R.	Fort Scott	35	"	13	1890	University City of New York	" "
Gillespie, W. R.	1892	R.	"	33	"	6	1887	Medical College of Ohio	Cincinnati, Ohio.
Halm, C J	1885	R.	Uniontown	....	"	5	1877	Missouri Medical College	St. Louis, Mo.
Hepler, B. F.	1885	R.	Fort Scott	53	"	26	1859	" " "	" "
Hall, Sarah C	1885	E.	"	54	"	18	1870	Woman's " "	Philadelphia, Pa.
Mills, Joseph	1885	E.	"	61	"	20	1865	Cincinnati Eclectic Institute	Cincinnati, Ohio.
Moore, G. P.	1886	E.	Mapleton	26	"	4	1883	Ohio Medical College	" "
McLamore, B. A.	1887	E.	Fort Scott	27	"	1	1887	Newbarry Medical College	Nashville, Tenn.
McWharf, J. M.	1887	E.	"	45	"	19	1868	Buffalo " "	Buffalo, N. Y.
McDonald, W. S.	1892	E.	"	38	"	5	1888	Jefferson " "	Philadelphia, Pa.
Renolds, J. W.	1885	E.	Fulton	33	"	24	1873	Eclectic Medical Institute	Cincinnati, Ohio.
Rader, Isaac	1885	R.	"	59	"	25	1850	Cincinnati.	
Tipple, Martin	1885	R.	Mapleton.						
Wood, A. J.	1885	R.	Fulton	....	America	20	1865		
Ward, A. A.	1885	R.	"	26	"	4	1880	Northwestern Medical College	St. Joseph, Mo.
Warriner, W. L.	1892	R.	Fort Scott	30	"	4½	1888	Chicago " "	Chicago, Ill.
Yeley, L. L.	1886	R.	Barnesville	38	"	20			
Linn, W. I.	1892	R.	Fort Scott	36	"	10	1882	Columbus Medical College	Columbus, Ohio.
BROWN COUNTY:									
Bliss, Edwin W.	1885	R.	Hiawatha	38	America	16	1869	Jefferson Medical College	Philadelphia, Pa.
Bartness, W. J.	1892	P. M.	"	58	"	30	1877	Thompsonian Medical School.	
Bartness, Mrs. M. E.	1892	P. M	"	....	"	25			
Campbell, A. X.	1887	R.	Horton	40	Canada	11	1876	University of Michigan	Ann Arbor, Mich.
Crofton, F. E.	1888	R.	"	25	America	3	1885	Rush Medical College	Chicago, Ill.
Campbell, T. J.	1890	R.	Willis	44	"	10	.....	.....	" "
Cecil, W. C.	1885	E.	Morrill	25	"	10	1875	Eclectic Medical Institute	Cincinnati, Ohio.
Hackedorn, M. R.	1888	R.	Horton	40	"	18	1870	Bellevue Medical College	New York city.
Herrick, S. J.	1892	R.	Everest	29	"	.....	1892	Ensworth " "	St. Joseph, Mo.
Irwin, H. H.	1885	R.	Hamlin	27	"	4	1882	Hospital " "	Louisville, Ky.
Leigh, J	1885	R.	Hiawatha	64	"	32	1854	St. Louis " "	St. Louis, Mo.
Leigh, E. J.	1885	R.	"	25	"	2	1884	Rush " "	Chicago, Ill.
Leigh, A.	1885	R.	"	37	"	12	1874	" " "	" "
Lemaster, J. L.	1886	R.	Robinson	40	"	14	1869	College Physicians and Surgeons	Keokuk, Iowa.
McKnight, Geo. C.	1891	R.	Hiawatha	25	"	.....	1891	Rush Medical College	Chicago, Ill.
Meyers, E. T.	1885	R.	Baker	31	"	10	1876	Cleveland Medical College	Cleveland, Ohio.
Nye, W. W.	1885	R.	Hiawatha	27	"	13	1877	Jefferson " "	Philadelphia, Pa.
Pratt, S. M	1885	H.	"	49	"	24	1861	Homeopathic Medical College	St. Louis, Mo.
Phillips, W. B.	1890	H.	Horton	30	"	7	1883	Homeopathic Hospital College	Cleveland, Ohio.
Patek, O. J.	1892	R.	Everest	37	Austria	16	1880	Suder Max University	Munich, Germany.
Rodkey, Samuel F.	1886	E.	Willis	58	America	20	1884		

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Reynolds, L.	1891	R.	Horton	....	America	8	1884	University of Iowa	Iowa City, Iowa.
Stivers, C. C.	1887	R.	"	45	"	18	1879	College Physicians and Surgeons	Keokuk, Iowa.
Shaffer, C. P.	1892	R.	Hamlin	28	"	.....	1892	" " "	St. Louis, Mo.
Turner, W. A.	1885	R.	Powhattan	37	"	14	1872	Missouri Medical College	" "
Cecil, J. M.	.....	R.	Reserve	26	"	5	1871	Rush " "	Chicago, Ill.
Compton, C. M.	.....	R.	Powhattan	35	"	.....	1893	Northwestern Medical College	Missouri.
Shaw, L. E.	.....	R.	Hiawatha	27	"	1	1893	Barnes " "	St. Louis, Mo.
BUTLER COUNTY:									
Armstrong, F. C.	1886	S.	El Dorado	28	America	5	1880	Columbus Medical College	Columbus, Ohio.
Burton, A. O.	1886	R.	Andover	30	"	6	.....	Louisville " "	Louisville, Ky.
Cowles, Edwin	1887	H.	El Dorado	55	"	19	1869	Homeopathic " "	Chicago, Ill.
Carlisle, J. B.	1886	R.	Leon	42	"	4	1882	Missouri " "	St. Louis, Mo.
Dill, J. W.	1886	H.	Benton	42	"	14	1871	Homeopathic " "	Cincinnati, Ohio.
Easton, James	1886	.....	Andover	45	"	20			
Fullenwider, M. L.	1885	R.	El Dorado	36	"	11	1875	Rush Medical College	Chicago, Ill.
Fuller, Ira H.	1885	H.	Douglass	40	"	7	1874	Hahnemann Medical College	" "
Gill, H. Z.	1886	R.	El Dorado	55	"	30	1857	Jefferson " "	Philadelphia, Pa.
Hamilton, J. D.	1885	R.	Douglass	37	"	11	1877	Bennett " "	Chicago, Ill.
Horner, John	1885	E.	White Water	51	"	10	1878	Eclectic " "	Cincinnati, Ohio.
Hazzard, S. S.	1886	S.	Benton	31	"	12			
Hall, L. S.	1887	R.	Augusta	32	"	9	1878	Bellevue Hospital Medical College	New York city.
Hunt, C. E.	1891	R.	El Dorado	51	"	21	1870	Detroit " "	Detroit, Mich.
Hill, H. D.	1887	R.	Augusta	47	"	20	1867	University of Michigan	Ann Arbor, Mich.
Koogler, M. A.	1885	R.	El Dorado	37	"	11½	1874	Jefferson Medical College	Philadelphia, Pa.
Kline, J. S.	1887	R.	Leon	....	"	6	1886	University of Tennessee	Nashville, Tenn.
McCluggage, J. R.	1885	R.	Douglass	41	"	8	1887	Rush Medical College	Chicago, Ill.
McKenzie, J. A.	1885	R.	El Dorado	44	"	21	1879	Kentucky School of Medicine	Louisville, Ky.
Marshall, R. A.	1887	R.	Latham	29	"	3	1884	University of Tennessee	Nashville, Tenn.
Miller, R. S.	.....	R.	Towanda	....	"	.....	.....	College Physicians and Surgeons	Indianapolis, Ind.
Norris, H. N.	1885	E.	Andover	23	"	½	1885	Eclectic Medical College	Cincinnati, Ohio.
Ogden, M. O. G.	.....	R.	Chelsea	66	"	43	1849	University of New York	New York city.
Polk, T. P.	1887	R.	Augusta	31	"	9	1877	Nashville Medical College	Nashville, Tenn.
Russell, D.	1886	E.	Towanda	....	"	10			
Seamon, J. V.	1885	E.	Potwin	36	"	7	1885	Eclectic Medical College	Cincinnati, Ohio.
Woodsen, E. W.	1886	R.	El Dorado	53	"	30	1854	University of Pennsylvania	Philadelphia, Pa.
Midwives:									
Dickson, Nancy J.	1891	M.	Towanda	44	America	6			
Thurman, Margaret	1890	M.	Keighley						
CHASE COUNTY:									
Bocook, G. W.	1885	E.	Matfield Green	48	America	18	1879	Cert. Eclectic State Board of Examiners	Kansas.
Carnes, John	1885	R.	" "	35	"	7	1877	American Medical College	St. Louis, Mo.
Conway, C. L	1885	E.	Cottonwood Falls	26	"	2½	1883	Iowa " "	Iowa.
Conway, A. M.	1885	E.	" "	....	"	28	.....	Newton's Ph. Inst., and cert. Ec. S. Ex. Bd.	Kansas.
Haite, C. E.	1885	R.	" "	56	"	23	1863	University of Iowa	Iowa City, Iowa.
Hamme, J. M.	1890	R.	" "	26	"	1	1889	" " Pennsylvania	Philadelphia, Pa.
Johnson, Frank T.	1885	R.	" "	45	"	18	1879	Cert. Regular State Board of Examiners	Kansas.
Morgan, J. F.	1890	R.	" "	33	"	7	1881	College Physicians and Surgeons	Keokuk, Iowa.
Rannels, C. S	1888	R.	Cedar Point	33	"	7	1881	Hospital College	Louisville, Ky.
Rich, Wm. N.	1885	R.	Clements	56	"	32	.....	Certificate State Board of Health	Illinois.
Welty, Andrew	1889	H.	Matfield Green	60	Switzerland	26	1881	American Medical College	St. Louis, Mo.

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration	School of practice	Location.	Age	Nativity.	Years in practice	Year of graduation	College.	Place of graduation.
CHAUTAUQUA COUNTY:									
Adair, T. E.	1885	R.	Matanzas	40	America	16			
Baldwin, D. C.	1891	E.	Hewins	56	"	26	1872	Eclectic Medical College	Cincinnati, Ohio.
Bots, J. O.	1891	R.	Niotaze	42	"	12	1878	Ohio " "	" "
Courtwright, W. T.	1891	R.	Sedan	30	"	6	1886	" " "	" "
Crandall, Perry	1886	E.	Grafton	43	"	15	1876	Eclectic Medical Institute	" "
Endicott, J. M.	1885	R.	Sedan	43	"	16	1877	College Physicians and Surgeons	Keokuk, Iowa.
Graham, James P.	1885	R.	"	56	"	30	1856	Rush Medical College	Chicago, Ill.
Gray, Daniel S.	1885	R.	"	28	"	7½	1881	College Physicians and Surgeons	Keokuk, Iowa.
Hopper, Joel	1886	R.	"	49	"	33			
Hahn, D. G.	1886	R.	Wauneta	42	"	17	1868	Starling Medical College	Columbus, Ohio.
Higgins, T. J.	1886	E.	Jonesburg	45	"	16			
McHugh, C. W.	1885	R.	Sedan	45	"	18	1875	College Physicians and Surgeons	Keokuk, Iowa.
Morrison, Geo. W.	1885	R.	Hale	46	"	23	1862	Maryland University	Baltimore, Md.
McLaughlin, J. W.	1886	E.	Lowe	43	"	15	1868	Eclectic Medical College	Cincinnati, Ohio.
Reeder, Thomas	1886	E.	Cascade	44	"	5		American " "	St. Louis, Mo.
Sheek, W. F.	1885	R.	Sedan	43	"	17	1868	St. Louis " "	" "
Slaughter, K. J.	1886	R.	Elgin	43	"	8	1884	College Physicians and Surgeons	" "
Sippie, C. B.	1886	R.	Peru	34	"	12	1875	Missouri Medical College	" "
Strutsman, N.	1886	E.	Sedan	34	"	7			Cincinnati, Ohio.
Stevens, J. D.	1886	R.	Peru	49	"	20	1878	Miami Medical College	" "
Tillotson, H. J.	1885	R.	Sedan	29	"	6	1890	College Physicians and Surgeons	Baltimore, Md.
Witcher, O. H.	1891	E.	Grafton	27	"	6	1888	American Medical College	St. Louis, Mo.
CHEROKEE COUNTY									No return.
CHEYENNE COUNTY:									
Pegg, G. R.	1887	E.	Bird City	44	America	15	1887	State Board of Examiners.	
Starner, Mary	1888	E.	Wand	40	"	3	1885	Eclectic Medical Institute	Cincinnati, Ohio.
Tracy, F. C.	1887	R.	St. Francis	30	"	5	1881	Keokuk Medical College	Keokuk, Iowa.
Tracy, F. A.	1893	R.	"	68	"	47	1847	Geneva Medical College	Geneva, N. Y.
Van Doren, H. W.	1888	H.	Bird City	57	"	4	1888	Hahnemann Medical College	Chicago, Ill.
Waterman, E. L.	1886	R.	Wand	27	"	3	1885	Omaha " "	Omaha, Neb.
Jacobson, E.	1889	H.	Haigler, Neb	45	Sweden	15		Homeopath	Stockholm, Sweden.
Vogel, Wm.	1890	R.	Bird City	37	America	18	1876	Jefferson Medical College.	
Ward, N.	1893	R.	"	57	"	30	1892	Physicians and Surgeons.	
Ward, S. M.	1893	R.	"	50	"	17	1892	University of Michigan	Ann Arbor, Mich.
CLARK COUNTY:									
Cooper, J. W.	1886	E.	Ashland	72	America	47	1845	Keokuk Medical College	Keokuk, Iowa.
Taylor, W. F.	1892	R.	"	35	"	11	1881	Kentucky School of Medicine	Louisville, Ky.
Workman, William	1886	R.	"	40	"	20	1873	St. Louis Medical College	St. Louis, Mo.
Potter, W. A.	1893	R.	"	23	"	3	1892	Physicians and Surgeons	" "

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CLAY COUNTY:										
Bacon, B. B	1885	E.	Fact	60	New York	30		State Eclectic Medical Society of Illinois.		
Bear, L. C	1892	R.	Clifton	24	Missouri	2	1892	Ensworth Medical College		St. Joseph, Mo.
Cook, D. P	1885	H.	Clay Centre	34	New York	5	1880	University of Michigan		Ann Arbor, Mich.
Hewitt, Charles	1885	R.	Wakefield	40	England	17	1868	" Maryland.		
Kretmeier, J. W	1892	A.	Clay Centre	30	Indiana	5	1887	Medical College of Ohio		Cincinnati, Ohio.
Morgan, H. W	1890	R.	" "	36	Iowa	8	1879	University of City of New York.		
Morton, R. J	1885	R.	Green	27	Missouri	3	1883	College Physicians and Surgeons		Chicago, Ill.
Porter, M. C	1892	R.	Idana	30	Pennsylvania	2	1890	" " "		"
Potter, H. E	1886	H.	Clifton	27		4	1885	Homeopathic Medical College		Missouri.
Reynolds, Sam. E	1885	R.	Clay Centre	40	Ohio	12	1878	Medical College of Ohio		Cincinnati, Ohio.
Stewart, J. P	1885	R.	" "	41	Missouri	20	1884	University of Louisville		Louisville, Ky.
Scott, J. R	1892	R.	Morganville	29	New York		1892	College Physicians and Surgeons		St. Louis, Mo.
Tyler, D. C	1885	R.	Clifton	31		4	1881	Rush Medical College		Chicago, Ill.
Tyler, Franklin P	1886	R.	"				1885			
Wade, Joseph H	1886	R.	Oak Hill	46	Virginia	25	1861	Medical College of Virginia		Richmond, Va.
Warren, L. J	1885	R.	Clay Centre	35	Connecticut	6	1879	Harvard Medical College.		
Wilhelm, Ida O. S	1885	P.M.	" "	30	Maryland	7	1882	Physio-Medical Institute		Cincinnati, Ohio.
Chaffee, C. C	1893	R.	Green	29	America		1892	College Physicians and Surgeons		Chicago, Ill.
Droll, W. M	1893	R.	Morganville		"		1893	Rush Medical College		"
Pearson, A	1893	R.	Wakefield		"	10	1883	" " "		"
Phlen, F. W	1893	R.	Broughton		"		1885	Medical Department National University		Lebanon, Ohio.
Schenberger, W	1893	R.	Athelstane		"	1	1892	University of Pennsylvania.		
Midwives:										
Erickson, Mrs. Martha	1886	M.	Clay Centre	48	Sweden	27				
Sell, Betsy	1886	M.	" "	54	"	30				
Trunglen, M. E	1886	M.	Morganville	52	"	27				
Williams, Mrs. Mary A	1886	M.	Athelstane	53	Ohio	30				
Buck, Mrs. M. A	1893	M.	Clifton		America	23				
CLOUD COUNTY:										
Courtney, D. H	1885	R.	Glasco	35	America	12	1874	College Physicians and Surgeons		Baltimore, Md.
Else, D. W	1885	E.	Concordia	44	England	13				
Fairchild, S. V	1885	E.	Miltonvale	31	America	5	1880	Keokuk Medical College		Keokuk, Iowa.
Grigsby, A. C	1890	H.	Concordia	50	"	12	1883	Homeopathic Medical College		Cleveland, Ohio.
Hall, James	1885	R.	Miltonvale	40	"	9	1880	Allopathic " "		Keokuk, Iowa.
Hartwell, G. N	1885	R.	Jamestown	31	"	7	1878	University of Michigan		Ann Arbor, Mich.
Hall, L. D	1885	P.M.	Concordia	51	"	21	1867	Physio-Medical Institute		Cincinnati, Ohio.
Jeannotte, J. A	1885	R.	Clyde	31	France	8	1887	College Physicians and Surgeons		Montreal, Can.
Laughlin, D. F	1885	R.	"	48		20				
La Fountaine, G. F	1886	R.	St. Joseph	27	Canada	3	1883	Laval University		Montreal, Can.
McDonald, F. C	1888	R.	Aurora	27	America		1887	Bellevue Medical College		New York city.
McCasey, J. H	1887	R.	Concordia	26	Canada		1887	University, Victoria "		Toronto, Can.
								College Physicians and Surgeons		" "
McLaughlin, R. J	1887	R.	Hollis	25	America	1	1885	Jefferson Medical College		Philadelphia, Pa.
Moore, D. B	1885	R.	Jamestown	44	"	20	1880	St. Joseph " "		St. Joseph, Mo.
Marcotte, F. L	1885	R.	Concordia	29	"	16	1877	Chicago " "		Chicago, Ill.
Priest, W. R	1886	R.	"	25	"		1886	Ohio " "		Cincinnati, Ohio.
Pigman, S. C	1885	R.	Jamestown	29	"	6	1879	Jefferson " "		Philadelphia, Pa.
Rains, T. E	1885	H.	Concordia	33	"	14½	1891	Hahnemann " "		Chicago, Ill.
Sawhill, W. F	1885	R.	"	29	"		1882	Jefferson " "		Philadelphia, Pa.
Sexton, A. G	1885	R.	Clyde	31	"	7	1878	Rush " "		Chicago, Ill.

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REGISTRATION OF PHYSICIANS AND MIDWIVES — 1893 — CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
COFFEY COUNTY:									
Allison, J. M.	1885	R.	Burlington	39	Illinois	1	1869	University of Pennsylvania	Philadelphia, Pa.
Beasley, C	1886	R.	Waverly	46	Kentucky	4	1882	Missouri Medical College	St. Louis, Mo.
Cleveland, E. S	1885	R.	Burlington		New Hampshire,	17	1868	Chicago " "	Chicago, Ill.
Douglass, R. P.	1885	E.	"	43	Pennsylvania	19	1875	Eclectic Medical Institute	Cincinnati, Ohio.
Dumbauld, D. F	1885	R.	Waverly	26	Ohio	3	1882	Columbus Medical College	Columbus, Ohio.
Esten, E. Cornell	1890	R.	Hall's Summit	51	America	30	1861		
Evans, P. F	1890	R.	Strawn	33	"	7	1880	Miami Medical College	Cincinnati, Ohio.
Fear, J. C.	1885	E.	Waverly	38	Ohio	8	1887	College Physicians and Surgeons	Keokuk, Iowa.
Foote, S. L. N.	1885	R.	Lebo	51	New Hampshire,	26	1855	University of Michigan	Ann Arbor, Mich.
Hanson, J. W	1891	H.	Burlington	48	America	20	1872	Hospital Medical College	Cleveland, Ohio.
Jones, J. L.	1891	R.	Le Roy	41	Kentucky	19	1872 1883	Louisville " " Kentucky School of Medicine	Louisville, Ky. " "
Kesner, C. C	1885	R.	"		Massachusetts	2	1884	Louisville Medical College	
Lusk, Chas. F.	1885	R.	Lebo	29	America	2	1884	Rush " "	Chicago, Ill.
Mathis, W. H.	1885	R.	Waverly	45	Ohio			St. Louis " "	St. Louis, Mo.
Manson, William	1885	R.	Burlington	55	"	32	1854	Rush " "	Chicago, Ill.
Morgan, J	1891	R.	Le Roy	52	America	24	1867		
Roup, W. R	1885	R.	Lebo	40	Kentucky	17	1867	Iowa Medical College	Iowa City, Iowa.
Rowe, D. B.	1892	R.	Le Roy			1	1892	Kansas City Medical College	Kansas City, Mo.
Swan, S. R.	1875	R.	Aliceville	37	Illinois	6	1879	Missouri " "	St. Louis, Mo.
Stockton, W. L.	1887	R.	Gridley	31	Ohio	1	1887	Columbus " "	Columbus, Ohio.
Venard, W. T	1885	R.	Burlington	55	"	25	1868	Columbus " "	" "
Wiseman, W. T.	1885	R.	"	62	New Hampshire,	20	1886	Kentucky School of Medicine	Louisville, Ky.
COMANCHE COUNTY:									
Halliday, John S	1888	H.	Coldwater	49	America	18	1874	Homeopathic Medical College	St. Louis, Mo.
Langhead, G. G	1889	R.	"	45	"	19	1876	Miami Medical College	Cincinnati, Ohio.
COWLEY COUNTY:									
Acker, Calvin S	1885	R.	Arkansas City	25	America	½	1885	Rush Medical College	Chicago, Ill.
Anderson, G. L	1891	R.	" "	49	"	23	1868	Starling Medical College	Columbus, Ohio.
Barnhart, E. H.	1891	R.	Udall	41	"	19			
Brecount, A. S	1888	E.	Arkansas City	36	"	11	1876	Eclectic Medical Institute	Cincinnati, Ohio.
Cunningham, D	1885	E.	Atlanta	48	"	20			
Cooper, H. D.	1885	R.	Dexter	28	"	8	1878	University of Pennsylvania	Philadelphia, Pa.
Capper, A. S	1885	P. D.	Udall	44	"	16	1884	Physio-Medical Institute.	
Chapel, A. J.	1885	R.	Arkansas City	50	"	25	1871	Bellevue Medical College	New York city.
Covert, G. M.	1886	E.	" "	44	"	20	1865 1872	University of Louisville	Louisville, Ky.
Dunn, S. M	1892	R.	Udall	61	"	37	1863	Rush Medical College	Chicago, Ill.
Dunning, Charles	1887	R.	Arkansas City	28	"	2	1887	College Physicians and Surgeons	New York city.
Emerson, George	1885	R.	Winfield	36	"	14	1872	Albany Medical College	Albany, N. Y.

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Evans, J. G	1885	R.	Winfield	28	America	4	1881	Ohio Medical College	Cincinnati, Ohio.
Elder, Thomas H.	1885	R.	"	49	"	25	1860	Columbia Medical College	Washington, D. C.
Emory, E. B.	1886	H.	"	37	Canada	7	1880	Homeopathic Medical College	Cleveland, Ohio.
Guy, S. J.	1885	R.	"	31	America	5	1881	Rush Medical College	Chicago, Ill.
Gardner, J. R.	1891	R.	Udall	42	"	15	1876	" " "	"
Griffith, J. H.	1885	R.	Winfield	58	"	32	1856	" " "	"
Graham, W. G.	1885	H.	"	43	"	20	1866	New York Medical College	New York city.
Holcomb, C. M.	1885	R.	"	28	"	2	1887	Jefferson " "	Philadelphia, Pa.
Hamblin, H. M.	1892		"	45	"	19	1875	American " "	St. Louis, Mo.
Hornaday, H. F.	1885	R.	Rock	37	"	4	1883	College Physicians and Surgeons	Indianapolis, Ind.
Hawkins, G. M.	1885	R.	Dexter	50	"	25	1856	University of New York	New York city.
Laney, Richard	1891	R.	Maple City	63	"	36	1856	Cleveland Medical College	Cleveland, Ohio.
Mitchell, J. A.	1885	R.	Arkansas City	33	"	8	1877	Jefferson Medical College	Philadelphia, Pa.
McClung, M. B.	1885	R.	Burden	49	"	12	1879	College Physicians and Surgeons	Keokuk, Iowa.
McKay, W. T.	1891	R.	Arkansas City	31	"	10	1881	Rush Medical College	Chicago, Ill.
Marsh, S. B.	1885	E.	Winfield	29	"	3	1884	Eclectic Medical Institute	Cincinnati, Ohio.
Marsh, H. W.	1885	E.	Tannehill	51	"	28	1866	Michigan State University	Ann Arbor, Mich.
Manser, W. H.	1886	R.	Burden	26	"	1	1884	Ohio Medical College	Cincinnati, Ohio.
Musgrove, R. H	1892	R.	Cambridge	25	"	3	1889	Kansas City Medical College	Kansas City, Mo.
Martin, D. D.	1891	R.	Arkansas City	63	"	43	1850	Sterling " "	Columbus, Ohio.
Pugh, C. E.	1885	R.	Winfield	27	"	3	1884	Ohio " "	Cincinnati, Ohio.
Pickens, F. M.	1885	R.	"	43	"	17	1870	Rush " "	Chicago, Ill.
Park, S. B.	1885	R.	"	41	"	12			
Parsons, S. B.	1886	H.	Arkansas City	41	"	12	1895	Hahnemann Medical College	St. Louis, Mo.
Porter, F. A.	1891	H.	"	36	"	5	1887	" " "	Chicago, Ill.
Patterson, S. E.	1886	R.	Atlanta	35	"	4	1882	College Physicians and Surgeons	Keokuk, Iowa.
Rothrock, W. P.	1885	R.	Winfield	65	"	43	1842	Jefferson Medical College	Philadelphia, Pa.
Reed, R. H.	1885	R.	Arkansas City	53	"	17	1869	College Physicians and Surgeons	Keokuk, Iowa.
Ravenscroft, L. P	1892	R.	Floral	32	"	11	1881	Ohio Medical College	Cincinnati, Ohio.
Rude, T. J	1892	R.	Burden	36	"	8			
Stacy, W. T.	1892	E.	Winfield	68	"	38			
Stauffer, W. H.	1888	R.	Arkansas City	27	"	2	1887	University of Michigan	Ann Arbor, Mich.
Smith, Daniel	1887	R.	New Salem	30	"		1886	Missouri Medical College	St. Louis, Mo.
Shepard, J. T	1885	R.	Arkansas City	52	"	26	1859	St. Louis " "	"
Sparks, J. W.	1885	R.	"	44	"	13	1872	Rush " "	Chicago, Ill.
Tandy, T. B.	1885	R.	Winfield	32	"	10	1876	Louisville " "	Louisville, Ky.
Vauter, J.	1885	R.	Arkansas City	28	"	7	1878	" " "	"
Wright, J. M.	1885	R.	Winfield	50	"	25			
Wright, W. T.	1885	R.	Winfield	51	"	25	1868 1872	College Physicians and Surgeons Missouri Medical College	Keokuk, Iowa. St. Louis, Mo.
Wagner, G. P.	1885	R.	Dexter	40	"	18	1867	St. Louis " "	"
Wills, C. K.	1886	H.	Winfield	41	"	14	1878	Hahnemann " "	Chicago, Ill.
Owens, William	1893	E.	Geuda Springs	28	"	3			
Thompson, Samuel	1885	E.	Maple City	61	Scotland	32			
Wright, Geo. E.	1886	A.	New Salem	30	America	8	1886	Kansas City Medical College	Kansas City, Mo.
Midwives:									
Murray, C.	1892	M.	Winfield	50	America	33			
Williams, Mrs. F.	1893	M.	Dexter	42	"	20			
CRAWFORD COUNTY:									
Alexander, J. T	1885	R.	Girard	33	Missouri	15	1872	St. Louis Medical College	St. Louis, Mo.
Anderson, W. H	1887	R.	Beulah				1877	" " "	"

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
CRAWFORD COUNTY—*Cont.*:									
Bell, Arthur	1885	R.	Coalvale	67	Ireland	42			
Blair, A. O.	1885	R.	Pittsburg	33	America	8	1877	St. Louis Medical College	St. Louis, Mo.
Bausman, J. L.	1885	E.	McCune	55	"	33	.....	Kansas Eclectic State Board Examiners.	
Barber, W. L.	1885	E.	Pittsburg	...	"				
Boas, M. L.	1889	R.	"	37	"	10	1881	Central College Physicians and Surgeons	Indianapolis, Ind.
Blair, S. L.	1892	H.	"	28	"	3	1890	Homeopathic Medical College	Chicago, Ill.
Cisna, G. W.	1889	R.	"	47	"	17	1872	Rush " "	" "
Clements, Joseph	1890	R.	McCune	49	England	14	1890		
Cole, Samuel	1891	H.	Arcadia	50	America	20			
Carpenter, G. T	1885	R.	Girard	...	"	5	1880	Rush Medical College	Chicago, Ill.
Cushenberry, J. H.	1885	R.	"	42	"	17	1872	St. Louis Medical College	St. Louis, Mo.
Coryell, Martin	1885	R.	Cato	28	Pennsylvania	6	1880	University of New York	New York city.
Cole, G. E.	1885	R.	Girard	37	America	7	1879	University of Wooster	Cleveland, Ohio.
Doan, A. W.	1885	R.	Monmouth	....	Canada	23			
Davis, A. H.	1886	R.	Mulberry Grove	48	America	25			
Dagley, Elias L.	1889	R.	Girard	43	"	17	1887	University of Louisville	Louisville, Ky.
Doan, L. T.	1892	R.	Monmouth	27	"	3	1892	College Physicians and Surgeons	Keokuk, Iowa.
Fuller, B. W.	1885	R.	Cato	43	New York	32			
Fisher, C. A.	1885	R.	Pittsburg	62	"	6	1881	Indiana Medical College	Indianapolis, Ind.
Forney, L. J.	1889	R.	Cherokee	47	America	23	1873	Ohio " "	Cincinnati, Ohio.
Gardner, James B.	1888	R.	Girard	33	Virginia	8	1881	Louisville " "	Louisville, Ky.
Gilman, Mary E.	1891	R.	Pittsburg	27	America	1	1890	Woman's " "	Chicago, Ill.
Grant, J. E.	1891	E.	Englevale	59	"	34	1857	Eclectic Medical Institute	Cincinnati, Ohio.
Garner, John L.	1892	H.	Girard	40	England	2	1890	Hahnemann Medical College	Chicago, Ill.
Giddings, J. M.	1893	R.	Frontenac	40	America	18	1875	University of Pennsylvania	Philadelphia, Pa.
Gilbert, Geo. C.	1885	R.	Litchfield	38	"	5	1883	College Physicians and Surgeons	St. Louis, Mo.
Gowin, O. G.	1885	E.	McCune	25	"	3	1882	Eclectic Medical Institute	Cincinnati, Ohio.
Griffin, N. M.	1885	H.	Girard	30	Pennsylvania	6	1881	Homeo. College Physicians and Surgeons	St. Louis, Mo.
Griffin, D. B.	1887	H.	Pittsburg	....				" " " "	" "
Graves, A. C.	1885	R.	Cherokee	28	Tennessee	3½	1882	Vanderbilt University	Nashville, Tenn.
Hillis, E. C.	1885	E.	Pittsburg	34	America	12			
Hite, J. E.	1885	R.	Walnut	27	"	.....	1885	University of Pennsylvania	Philadelphia, Pa.
Hobbs, T. J.	1889	R.	Arcadia	57	"	31	1867	Vanderbilt University	Nashville, Tenn.
Hunter, Charles	1889	E.	Pittsburg	36	"	2	1888	State Board of Examiners, Kansas.	
Jennings, J. N.	1885	R.	Monmouth	61	Ohio	37	.....	" " " "	
Johnson, M. E.	1886	R.	Pittsburg	31	America	9	1879	Miami Medical College	Cincinnati, Ohio.
James, H. L.	1885	H.	.....	45	"	20	.....	Missouri Medical College	St. Louis, Mo.
Kyger, M. F.	1885	R.	McCune	28	Virginia	7			
Knox, G. W.	1888	R.	Pittsburg	37	America	15	1886	London and Edinburgh.	
King, G	1888	R.	"	33	"	10	.....	State University	Cincinnati, Ohio.
Lucas, B. F	1886	H.	Girard.						
Lewis, O. F.	1886	R.	Hepler	....	.....	.....	.....	State University	Ann Arbor, Mich.

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Miller, John	1885	E.	McCune	61	Indiana	30			
Miller, T. D	1885	R.	Pittsburg	29	Illinois	12	1883	Physicians and Surgeons	St. Louis, Mo.
Mahr, John W.	1885	E.	McCune	41	"	19	1867	Eclectic Medical Institute	Cincinnati, Ohio.
Moore, McDonald	1890	R.	Pittsburg	24	America	3	1887	Western Reserve Medical College	Cleveland, Ohio.
Mahr, John	1889	R.	McCune	22	"	4	1889	Kansas City " "	Kansas City, Mo.
Markham, W. W.	1888	E.	Mulberry Grove	55	Kentucky	20	1879	Kansas State Board of Examiners.	
Niedman, W.	1885	R.	Pittsburg					Howard University	Washington, D. C.
Nichols, G. B.	1891	H.	"	40	America	14	1881	Hahnemann Medical College	Chicago, Ill.
Ohlwine, E. C	1885	R.	McCune				1879	College Medicine and Surgery	Cincinnati, Ohio.
Pasley, Julius	1885	R.	Arcadia	29	Illinois	6	1878	College Physicians and Surgeons	Keokuk, Iowa.
Poindexter, J. M	1886	R.	Cherokee	30	America	3	1884	University of Louisville	Louisville, Ky.
Palmer, Charles	1891	E.	Arcadia	48	"	25	1871	Bennett Medical College	Chicago, Ill.
Pinod, P. H. A	1889	R.	Walnut	38	"	12	1877	College Physicians and Surgeons	St. Louis, Mo.
Peacock, Albert	1892	R.	Pittsburg	29	Canada	1	1891	Buffalo Medical College	Buffalo, N. Y.
Porter, J. W.	1892	R.	Litchfield	36	America	10	1883	Kentucky School of Medicine	Louisville, Ky.
Riley, J. B.	1885	R.	Pittsburg		"			College Physicians and Surgeons	Chicago, Ill.
Reynolds, S. L	1885	H.	"	53	"	25	1868	Hahnemann Medical College	"
Rekstraw, H. E.	1885	H.	Walnut	35	"	12	1874	Homeopathic " "	St. Louis, Mo.
Rupin, A	1891	H.	Pittsburg	25	"	1	1890	Missouri " "	"
Raney, H. A.	1888	R.	Cherokee	62	New York	38			
Stryker, J. E.	1885	R.	Pittsburg				1883	University of Kansas City	Kansas City, Mo.
Scholl, G. W.	1885	R.	Girard	50	Illinois	27	1858	Missouri Medical College	St. Louis, Mo.
Strong, C. H.	1885	E.	Pittsburg	55	Pennsylvania	28	1842	Philadelphia " "	Philadelphia, Pa.
Sloan, J. R	1887	E.	Arcadia	36	America	11	1875	Eclectic " Institute	Cincinnati, Ohio.
Swan, E. I.	1891	R.	Pittsburg	30	"	10	1881	Missouri " College	St. Louis, Mo.
Summer, J. M.	1891	E.	Opolis	48	"	10	1883		"
Traylor, J. B.	1885	R.	McCune	39	Indiana	10	1874	Rush Medical College	Chicago, Ill.
Tinder, C. R.	1892	R.	Englevale	27	America	2	1891	Marion-Sims Medical College	St. Louis, Mo.
Warner, W. H.	1885	R.	Girard	65	Ohio	40	1845	Willoughby " "	Ohio.
Williams, Geo. W.	1885	R.	Pittsburg	35	Tennessee	15	1878	University of Louisville	Louisville, Ky.
Williams, Wm	1886	R.	"	25	Missouri		1886	Missouri Medical College	St. Louis, Mo.
Wilson, Allen	1885	R.	Mulberry Grove	35	"	10	1879	" " "	"
Wallace, John W.	1885	R.	Arcadia		Delaware	40		State Board of Examiners of Kansas.	
Welch, W. E.	1889	R.	Pittsburg	28	America	1	1886	Rush Medical College	Chicago, Ill.
Midwives:									
Crites, Eliza	1886	M.	Farlington.						
Johnson, S. S	1886	M.	"						
Krois, Mary	1886	M.	Pittsburg	35	Germany	7	1882	School of Midwifery	St. Louis, Mo.
Lindsay, Malinda	1885	M.	Girard	33	America	6	1880	State Eclectic Examining Board of Kansas.	
DECATUR COUNTY:									
Bicker, Henry	1886		Oberlin	27	Germany	10			Cother, Germany.
Charles, W. B	1887	R.	Norcatur	30	America	1	1887	University of Louisville	Louisville, Ky.
Gilpin, E. P.	1891	R.	Jennings	43	"	18	1876	College of Physicians and Surgeons	Indianapolis, Ind.
Mead, W. B	1885	R.	Oberlin	34	"	14	1872	Rush Medical College	Chicago, Ill.
Miner, Selden	1885	R.	Lyle	50	"	28	1867	University of Michigan	Ann Arbor, Mich.
Moore, Joseph	1885	R.	Oberlin	71	"	43	1851	Starling Medical College	Columbus, Ohio.
Pauley, E. A.	1885	R.	"	40	"	14	1871		
Thomas, J. W	1885	R.	Clayton	35	"	6	1879	Kentucky School of Medicine	Louisville, Ky.
Tilden, S. C	1888	R.	Oberlin	22	"		1888	University of New York	New York city.
Warran, Mrs. E. J	1886	E.	Allison	46	"	25			
Ward, Uriah Q.	1885	R.	Oberlin	47	"	21	1865	Charity Hospital Medical College.	

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REGISTRATION OF PHYSICIANS AND MIDWIVES — 1893 — CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
DECATUR COUNTY — *Concl.:*									
Farrow, W. H	1889	R.	Allison	45	America	20	1868	Miami	Cincinnati, Ohio.
Welles, F. H.	1889	R.	Oberlin	28	"	6	1883	College of Medicine	Syracuse Univ., N. Y.
Stalcup, W. A	1892	R.	"	49	"	26	1886	University	Cincinnati, Ohio.
Lemrs, F. K.	1893	R.	Dresden.						
Midwives:									
Morton, Mrs Mary	1886	M.	Oberlin	48		25			
DICKINSON COUNTY:									
Austin, W. H	1892	R.	Abilene	52	America	25	1869	Rush Medical College	Chicago, Ill.
Beltzel, Charles W	1892	R.	Manchester	25	Pennsylvania	2	1890	Jefferson Medical College	Philadelphia, Pa.
Boutin, F. J.	1892	R.	Abilene	37	Vermont	9	1883	Hahnemann Medical College	Chicago, Ill.
Bovarth, C. A	1892	R.	Herington	38	Iowa	6	1886	" " "	" "
Brooks, C. W.	1892	R.	Enterprise	38	Vermont	22	1870	University of Vermont	Burlington, Vt.
Core, C. B.	1892	R.	Solomon	38	West Virginia	10	1882	College Physicians and Surgeons	Keokuk, Iowa.
Foster, Wm. B.	1892	E.	Woodbine	39	Canada	18			
Felty, J. W.	1892	R.	Abilene	32	America	8	1884	Jefferson Medical College	Philadelphia, Pa.
Felty, H. B.	1892	R.	"	28	"		1892	" " "	" "
Gish, A. S.	1892	E.	"	48	"	24	1869 1890	Eclectic " " " " " "	Iowa City, Iowa.
Hazlett, E. E.	1892	R.	"	35	"	12	1880	University of Pennsylvania	Philadelphia, Pa.
Henion, B. A.	1892	R.	Herington	42	Pennsylvania	17	1875 1879	Cleveland Medical College Jefferson " "	Cleveland, Ohio. Philadelphia, Pa.
Kirsch, M	1892	H.	Abilene	45	Germany	15	1880	Homeopathic Medical College	St. Louis, Mo.
King, W. N.	1892	R.	"	65	America	40	1858	Jefferson " " "	Philadelphia, Pa.
Littlefield, Charles W	1892	H.	Industry	33	Minnesota	7	1886	State Licentiate of Arkansas. Hahnemann Medical College	Kansas City, Mo.
Layton, I. E.	1892	E.	Solomon	48	Missouri	18	1878	College Physicians and Surgeons	Keokuk, Iowa.
Lewis, A	1892	R.	"	59	Ohio	35	1855	Ohio Medical College	Cincinnati, Ohio.
McShea, B	1892	R.	Chapman	54	Canada	25		University of Ontario University of Michigan	Canada. Ann Arbor, Mich.
Miles, R. H	1892	R.	Hope			12	1880 1885	Northwestern Medical College College Physicians and Surgeons	St. Joseph, Mo. Chicago, Ill.
Neptune, J. W	1892	R.		24	Ohio	1		Starling Medical College	Columbus, Ohio.
Ross, T. B	1892	R.	Abilene	57	America	26	1856	St. Louis " "	St. Louis, Mo.
Steelsmith, S.	1892	R.	"	36	"	11	1861	Medical College of Indiana	Indianapolis, Ind.
Shook, I.	1892	E.	"	60	"	31	1843		
Searl, O. F.	1892	R.	Solomon	50	Massachusetts	27	1865	Berkshire Grand College	Pittsfield, Mass.
Sigafoos, J.	1892	R.	"	60	Ohio	41	1856	Ohio Medical College	Cincinnati, Ohio.
Wheat, G. W.	1892	H.	Enterprise	43	Ohio	12		College Physicians and Surgeons Medical Department Normal College	Keokuk, Iowa. Valparaiso, Ind.
Wrightman, P. R.	1892	E.	Navarre	60	Virginia	30	1868	Eclectic Medical Institute	Cincinnati, Ohio.
Kitchersied, J. N.	1893	R.	Hope	42		20		Medical Department	New York.

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La Force, E. B.	1893	R.	Abilene	29		4	1888	Medical College of Ohio	Cincinnati, Ohio.
Gunn, Thos. H.	1893	R.	Chapman	38	Ireland	9	1884	University Vermont	Burlington, Vt.
DONIPHAN COUNTY									No board.
DOUGLAS COUNTY:									
Anderson, A. J.	1893	H.	Lawrence	23	America		1887	Hahnemann	Chicago, Ill.
Anderson, S. B.	1893	H.	"	60	"	31	1854	Medical Institute	Cincinnati, Ohio.
Abedelal, A. G.	1893	R.	"	54	France	32	1852	" "	Montpelier, Vt.
Bonebrake, J. H.	1893	E.	Lecompton	55	America	32		Eclectic "	Cincinnati, Ohio.
Bishoff, C. N.	1893	E.	Eudora	47	"	14	1871	" "	Philadelphia, Pa.
Bunn, W. S.	1893	R.	Lawrence	31	"	9	1884	Medical "	Cincinnati, Ohio.
Deems, R. O.	1893	E.	Baldwin	34	"	7	1881	" "	Columbus, Ohio.
Dick, J. H.	1893	R.	Lawrence	55	"	28	1858	Jefferson College	Philadelphia, Pa.
Ellis, A. M.	1893	E.	Pleasant Grove	64	"	37			
Gifford, Alfred	1893	R.	Lawrence	33	"	8	1878	Medical College	St. Louis, Mo.
Horner, Levi	1893	R.	"	30	"		1896		
Gardner, H. S.	1893	H.	"	35	"	5	1881	Homeopathic College	Cleveland, Ohio.
Keith, E. P.	1893	E.	Clinton	28	"	2	1891	Eclectic College	St. Louis, Mo.
Lewis, P. M.	1893	R.	Lecompton	44	"	15	1884	Medical College	Kansas City, Mo.
Leonard, W. Y.	1893	R.	Lawrence	51	"	25	1863 1866	Physicians and Surgeons Rush Medical	Cincinnati, Ohio. Chicago, Ill.
Melohess, W. F.	1893	H.	Eudora		Germany	22			
Martin, W. A.	1893	E.	Baldwin		America.				
May, A. J.	1893	R.	Lecompton	29	"	2	1886	Medical College	Keokuk, Iowa.
Morse, F. D.	1893	R.	Lawrence	46	"	18	1867	Rush Medical	Chicago, Ill.
Mottram, C. V.	1893	R.	"		"	37	1847	State Medical	La Porte, Ind.
May, V. M.	1893	R.	"	49	"	22	1867	Jefferson College	Philadelphia, Pa.
Morris, Richard	1893	R.	"	61	"	34	1851	Rush Medical	Chicago, Ill.
Osborn, W. T.	1893	R.	Baldwin	60	"	30	1860	" "	" "
Owen, H. C.	1893	R.	"	40	"	11	1878	Medical College	Ohio.
Phillips, E. W.	1893	R.	Lawrence	44	"	9	1876	" "	Kansas City, Mo.
Perrine, B. I.	1893	R.	Vinland	31	"	2	1884	Medical University	Louisville, Ky.
Robinson, W. H.	1893	R.	Eudora	39	"	16	1872	Physicians' and Surgeons' College	Kansas City, Mo.
Simmons, N.	1893	E.	Lawrence	58	"	31	1865	Eclectic Medical Institute	Cincinnati, Ohio.
Simmons, C. J.	1893	Ind.	"	27	"	1	1884 1885	Bellevue University Eclectic Medical Institute	New York city. Cincinnati, Ohio.
Thompson, F.	1893	R.	Baldwin	43	Germany		1864	" " "	" "
Weed, E. D.	1893	H.	Eudora	39	America		1875	Homeopathic College	Detroit, Mich.
Willey, J. A.	1893	E.	Sibley	46	"				
White, D. A.	1893	R.	Eudora		"	13			
Midwives:									
Doan, H. C.	1893	M.	Lawrence.						
Frederickson, K.	1893	M.	"						
Gottsliae, August	1893	M.	Eudora.						
EDWARDS COUNTY:									
Alexander, Wm. M.	1893	R.	Kinsley		America	6	1887	University of Louisville	Louisville, Ky.
Mosher, Benjamin R.	1880	E.	"	63	New York	38	1854 1891	Worcester University American Medical College	Worcester, Mass. St. Louis, Mo.
Seacat, Geo. M.	1885	R.	"	39	Indiana	7	1885	Kentucky School of Medicine	Louisville, Ky.

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REGISTRATION OF PHYSICIANS AND MIDWIVES — 1893 — CONTINUED.

ND COUNTY.	Year of registration	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation	College.	Place of graduation.
Y:									
...m, A	1885	R.	Moline	27	Iowa	6	1883	Fort Wayne Medical College	Fort Wayne, Ind.
Costello, J. T	1887	R.	Howard	35	America	6	1880	Columbus " "	Columbus, Ohio.
Flack, W. F	1886	E.	Longton	28	Ohio	3	1886	Eclectic Medical Institute	Cincinnati, Ohio.
Flack, Sarah A	1892	E.	"	35	Michigan	10	1882 1884	Woman's Medical College Eclectic Medical Institute	Chicago, Ill. Cincinnati, Ohio.
Hart, C. T	1885	R.	"	42	Connecticut	20	1865	University of Pennsylvania	Philadelphia, Pa.
Hatfield, F. P	1886	E.	Grenola	24	Ohio	1	1886	Eclectic Medical Institute	Cincinnati, Ohio.
Harris, A T	1892	E.	Howard	29	Ohio	7	1885	" " "	" "
Howland, C. E	1892	E.	Oak Valley	32	Missouri	15	1890	" " "	" "
Mason, H. P	1885	R.	Moline	72	New Hampshire,	51	1834	Medical College	Woodstock, Vt.
Mason, W. B	1885	R.	Grenola		Kentucky	9		Louisville Medical College	Louisville, Ky.
Musgrave, R. C	1885	R.	"	51	Illinois	18	1874	Medical Examining Board	Kansas.
O'Donohue, Henry	1885	R.	Elk Falls	45	Ireland	20	1865	Faculty Physicians and Surgeons	Glasgow, Scotland.
O'Connor, B. R	1886	R.	Grenola	49	Ohio	22	1867	University of Medicine and Surgery	Philadelphia, Pa.
Parks, S. H	1892	R.	Longton	37	New York	17	1874	Rush Medical College	Chicago, Ill.
Smethers, W. H	1885	R.	Moline	28	Illinois	6	1881	" " "	"
Stephens, A. G	1892	H.	Howard	22	America	1	1892	Hahnemann Medical College	Philadelphia, Pa.
Williard, J. F	1885	E.	"	29	"	2½	1885	Eclectic Medical Institute	Cincinnati, Ohio.
Olney, F. S	1885	R.	"	49	"	22	1851	Winchester College	Winchester, Va.
Remple, H. H	1892	R.	"					St. Joe Medical College	St. Joe, Mo.
Young, W. E	1894	E.	"						
Denslow, O. C	1883	R.	Fall River	68	America	25	1853	Rush Medical	Chicago, Ill.
Midwives:									
Campbell, Mrs. D. T	1893	M.							
ELLIS COUNTY:									
Gibson, Lewis M	1889	R.	Hays City	24	America	4½	1889	College Physicians and Surgeons	New York city.
Griffin, W. R	1885	R.	Ellis	30	"	11	1880	" " "	Keokuk, Iowa.
Jones, C. R	1888	E.	Walker	32	"	14			
Kidd, Nathaniel	1885	R.	Ellis	28	Ireland	11		College Physicians and Surgeons	Dublin, Ireland.
Kohl, H. B	1895	R	Hays City	40	Germany	22			
Lippard, W. J	1885	R.	"	28	America	4		Licentiate of State of Arkansas.	
Middlekauff, Joseph H	1885	R.	"	45	"	13	1879	Medical Dept. University of Maryland.	
Snyder, G. B	1885	R.	"	32	"	16	1876	University of Pennsylvania.	
Sohmrid, H	1892	R.	Victoria	48	Germany	25	1869	Munich	Germany.
Righter, C. C	1888	E.	Ellis	62	America	62	1868	State Homeopathic Institute	Minnesota.
Midwives:									
Cavander, Elizabeth	1885	M.	Hays City	52	Ireland	36			
ELLSWORTH COUNTY:									
Alderson, M. H	1885	R.	Wilson	44	America	20	1867	Louisville University	Louisville, Ky.
Beard, John C	1886	R.	Prosper	31	"				

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Cook, S. C	1885	E.	Hollyrood	31	America	6	1879	Eclectic Examining Board	Kansas.
Cook, L. C	1885	R.	Ellsworth	57	"	22	1863	Iowa State University	Iowa City, Iowa.
Carhart, E. L		R.	Wilson	25	"	1	1886	University of Kansas City	Kansas City, Mo.
Doig, Robert L	1885	R.	Ellsworth	30	"	5	1880	College Physicians and Surgeons	Keokuk, Iowa.
Griffith, F. K	1885	E.	Hollyrood	46	"	12			
Gile, C. H. B		E.	Venango	42	"	11			
Holloway, O. E		R.	Kanopolis	47	"	21	1866	Medical College	Cleveland, Ohio.
Hissem, H. Z	1887	R.	Ellsworth	29	"	4	1883	Bellevue Hospital Medical College	New York city.
Lillie, Wm		R.	Wilson	49	"	27	1858	University of New York	" "
O'Donnell, Henry	1891	R.	Ellsworth	28	Ireland		1891	Bellevue Hospital Medical College	" "
Pinney, James A	1885	R.	Wilson	43	America	6	1885	University of Iowa	Iowa City, Iowa.
FINNEY COUNTY:									
Cole, Frederick	1886	R.	Garden City	63	Maine	27	1865 1870	Rush Medical College Bellevue Medical College	Chicago, Ill. New York city.
Cartright, Mary L	1891	P. M.	" "	39	America	11	1885	Curtis Institute	Marion, Ind.
Neal, G. L	1889	R.	" "	57	Indiana	34	1858 1858 1858	University City of New York Aylett Medical Institute Ophthalmic Hospital	New York city. " " " "
Sabine, Andrew	1885	R.	" "	61	Ohio	36	1856	Jefferson Medical College	Philadelphia, Pa.
Coffman, Geo. W	1887	H.	" "	28		3	1887	Chicago Homeopathic	Chicago, Ill.
Sness, Henry C	1887	H.	Ravanna	44	Germany	12	1875 1878	Homeopathic College of Missouri Hahnemann of Philadelphia	St. Louis, Mo. Philadelphia, Pa.
Williams, M. P		R.	Evanston.						
Miner, L. V	1887	R.	Eminence	37	America	2	1885	Columbus Medical College	Columbus, Ohio.
Midwives:									
Terhune, Mrs. M. J		M.	Garden City.						
FORD COUNTY:									
Chouteau, A. S	1893	R.	Dodge City	40	America	13	1879	St. Louis Medical College	St. Louis, Mo.
Crumbine, S. J	1893	R.	"	30	"	7	1883	Cincinnati Medical and Surgical	Cincinnati, Ohio.
Hollopeter, D. J	1892	R.	Ford	50	"	22	1870	Rush Medical College	Chicago, Ill.
Milton, C. A	1892	R.	Dodge City	40	"	12	1881	" " "	"
McCarty, T. L	1893	R.	"	42	"	22	1870	Jefferson Medical College	Philadelphia, Pa.
Rose, D. D	1892	R.	"	49	"	16	1880	University of Louisville	Louisville, Ky.
Shellack, Alvin	1894	R.	Fort Dodge	53	Germany	19		Kansas City Medical College	Kansas City, Mo.
Whitworth, H	1892	H.	Dodge City	49	England	18	1875	Pulte " "	Cincinnati, Ohio.
FRANKLIN COUNTY:									
Black, R. S	1892	R.	Ottawa	42	Indiana	19	1880	Medical College of Indiana	Indianapolis, Ind.
Burney, W. L	1879		Rantoul	53		13	1879	Missouri Medical College	St. Louis, Mo.
Bennett, H. M	1892	R.	Wellsville	45		18	1878	University of Michigan	Ann Arbor, Mich.
Bell, Douglas		R.	Richmond	53		28	1865	Medical College	Starling, Mich.
Brown, B. O	1892	R.	Princeton	58		26	1856	Vermont Medical College	Woodstock, Vt.
Castoe, J. C	1892	R.	Wellsville	32		5	1887	University of Louisville	Louisville, Ky.
Davis, Jeptha	1879	H.	Ottawa	64	Ohio	39	1853	Western Homeopathic College	Cleveland, Ohio.
Ewing, W. M	1892	R.	"	58	"	27	1873	Medical College of Ohio	
Ewing, C. W	1892	R.	Wellsville	30		4	1888	Jefferson Medical College	Philadelphia, Pa.
Gilley, H. W	1879	H.	Ottawa	41		13	1873	Detroit Homeopathic College	Detroit, Mich.
Grant, F. E	1892	R.	"	48	Michigan	16	1877	University of Michigan	Ann Arbor, Mich.
Hughs, J. C	1892	R.	"	48		22	1869	Starling Medical College	Columbus, Ohio.
Herr, F. C	1892	R.	"	38	Pennsylvania	10	1879	Jefferson Medical College	Philadelphia, Pa.
Inman, G. W	1879	R.	Centropolis	65	America	30			

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
FRANKLIN COUNTY—*Concl.*:									
Jaynes, G. K.	1892	R.	Williamsburg	32	America	10	1884	Missouri Medical College	St. Louis, Mo.
King, J. W.	1892	E.	Lane	33	"	9	1883	Eclectic Medical Institute	Cincinnati, Ohio.
Logan, J. P.		R.	Ottawa	55	"	26	1867	Ohio Medical College	" "
Mechem, J. E.	1892	R.	"	79	"	50			
Merrill, S. H.			Rantoul	65	"	29	1864	Bowdoin Medical College	Brunswick, Me.
McCarty, Geo. D.	1892	R.	Ottawa	24	"	3	1892	University " "	Kansas City, Mo.
Norris, S. G.	1892	R.	"	70	"	40	1864	University of Iowa	Iowa City, Iowa.
Onyette, L. C.		E.	"	40	France	10		Eclectic Medical College	Philadelphia, Pa.
Paramore, J. I.	1879	R.	"	70	America	40	1860	Ohio " "	Cincinnati, Ohio.
Pasley, B. H.	1879		Pomona				1865	Starling " "	Columbus, Ohio.
Rodgers, P. W.	1892		Williamsburg	67		32			
Richman, S. T.	1892	R.	Princeton	39		10	1883	Medical College of Indiana	Indianapolis, Ind.
Smith, H. E.	1892	R.	Centropolis	38		8			
Smith, C. M.	1892	E.	Ottawa	38		6	1885	Eclectic Medical Institute	Cincinnati, Ohio.
Thornbury, ——	1879		Princeton	55		25	1878	Keokuk Medical College	Keokuk, Iowa.
Vigor, J. S.			Pomona				1879	Medical College	Columbus, Ohio.
Williams, H. D.		E.	Ottawa	52		20		Bennett College	Chicago, Ill.
Wright, A. H.	1892	R.	"	26		2	1890	University of Vermont.	
Allen, A. A., jr.	1892	H.	"	39	America	20			
Bryan, J. D.	1893	R.	"	49	"	24	1870	Medical College	St. Louis, Mo.
Foster, M. L.	1892	R.	Peoria	46		20			
McIntosh, A. J.	1892	E.	Lane	62		38			
GARFIELD COUNTY:									
Cross, Augusta	1889	R.	Ravanna	55	New York	25		Ann Arbor Medical College	Ann Arbor, Mich.
Mandigo, D. H.	1889	E.	"	43	"	12			
Miner, L. V.	1887	R.	Eminence	27	America	2	1886	Columbus Medical College	Columbus, Ohio.
Suess, Henry C.	1887	H.	Ravanna	44	Germany	12	1875 1878	Homeopathic College Hahnemann College	St. Louis, Mo. Philadelphia, Pa.
GEARY COUNTY:									
Allen, Mrs. Adelia	1885	H.	Junction City	45	Ohio	15	1877	Physio-Eclectic	Cincinnati, Ohio.
Bard, W. R.	1885	R.	Milford	48	Pennsylvania			Bellevue Medical College	New York city.
Cloud, M. Morgan	1892	R.	Junction City	25	Virginia	1	1892	Kansas City Medical College	Kansas City, Mo.
Daugherty, P.		R.	" "	58	Indiana	36	1886	Rush " "	Chicago, Ill.
Hays, R. M.		R.	" "	42	Pennsylvania	18	1873	Jefferson " "	Philadelphia, Pa.
Harlsborn, W. T.		R.	" "	60	England	36	1875	Royal " "	London, Eng.
Harvey, Geo. E		R.	" "	55	Indiana	30	1881	College Physicians and Surgeons	Keokuk, Iowa.
Steadman, C. E.		R.	" "			21	1866	Rush Medical College	Chicago, Ill.
Vogle, F.	1886	H.	" "	59	Austria	15	1877	Physio-Eclectic	Cincinnati, Ohio.
Midwives:									
Huber, Mrs. E. J.	1889	M.	Junction City	64	Ohio	20			

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GEARY COUNTY:									
Mayer, D. J.	1893	R.	Junction City	32	America	4	1893	University	Ann Arbor, Mich.
GOVE COUNTY:									
Hebard, Ezra A		R.	Grainfield	62		39	1851		Berkshire, Mass.
Heinz, P. J.		R.	Gove City	50	Germany	20	1873	University of Wooster	Cleveland, Ohio.
Jones, J. H.	1892	R.	Grinnell	62	America	34	1883	Fort Wayne Medical College	Fort Wayne, Ind.
Meyers, E. L.		E.	Quinter	47			1871	Penn Eclectic College	
GRANT COUNTY:									
Lucas, J. H.	1892	R.	Ulysses	48	America	14	1884	Central College Physicians and Surgeons	Indianapolis, Ind.
GRAHAM COUNTY:									
Alsdorf, W. H.	1892	E.	Adamson	52	America	23	1876	Eclectic Medical Institute	Cincinnati, Ohio.
Mowery, W. E.	1892	E.	Hill City	32	"	10	1886	" " "	" "
Norrish, James	1886	R.	Bogue	47	England	1	1876	Omaha " College	Omaha, Neb.
Williamson, B. P.	1886	R.	Hill City	48	America	18	1880	College Physicians and Surgeons	St. Joseph, Mo.
GRAY COUNTY:									
Butcher, D. F.	1890	R.	Cimarron	40	Indiana	19		Medical College of Ohio	
Hollembeak, G. W.		R.	Ingalls				1884	Quincy "	Illinois.
GREELEY COUNTY:									
Moore, F. R.	1889	A.	Tribune	33	Ohio	11	1883	Columbus Medical College	Columbus, Ohio.
GREENWOOD COUNTY:									
Black, J. S.	1885	R.	Virgil	40	Kentucky	16			
Basham, D. W.	1885	R.	Neal	37	"	5	1884	Kansas City Medical College	Kansas City, Mo.
Benipe, S. M.	1885	R.	Twin Falls	44	Ohio	22	1864	Bellevue Medical College	New York city.
Campbell, D. R.	1885	R.	Climax	37	Indiana	10	1880	Central College Physicians and Surgeons	Indianapolis, Ind.
Cunkle, L. J	1885	R.	Madison	41	New York	20	1868	Bellevue Medical College	New York city.
Cunkle, I. W.	1885	R.	"	38	"	16	1869	Rush Medical College	Chicago, Ill.
Carpenter, S. J.	1892	R.	Eureka	70	Pennsylvania	46	1845	Jefferson " "	Philadelphia, Pa.
Denbo, J. W.	1892	R.	Fall River	56	Indiana	32	1869	Kentucky School of Medicine	Louisville, Ky.
Dillon, J.	1885	R.	Eureka	41	"	12	1875	Ohio Medical College	
Foucht, A. E.	1885	H.	Madison	26	Ohio	4	1885	Hahnemann Medical College	Chicago, Ill.
Grimes, R. R.	1885	E.	Severy	48	Virginia	20			
Gnash, W.	1885	E.	Reece	53	Indiana	15			
Gremme, H. J.	1892	E.	Eureka	59	Germany	34	1858		Heidelberg, Germ'y.
Huss, J. R.	1892	H.	"	38	Ohio	12	1879	Pulte Medical College	Cincinnati, Ohio.
Jones W. B.	1888	E.	Fall River	53	Kentucky	25	1883	Eclectic " "	St. Louis, Mo.
Jones, Chas. M.	1884	E.	"	30	"	10	1883	College Physicians and Surgeons	" "
Munk, G. W.	1888	R.	Quincy	46	North Carolina	7	1888	Louisville Medical College	Louisville, Ky.
McDonald, N. S.	1885	R.	Severy	42	Missouri	17	1866	Medical College	St. Louis, Mo.
Pierce, J. B.	1885	R.	Eureka	46	New York	15	1876	St. Louis Medical College	" "
Standley, A.	1885	E.	Madison	48	Illinois	1	1885		
Trussler, S. S.	1885	R.	Fall River	31	"	5	1883	Indianapolis Medical College	Indianapolis, Ind.
Voris, C. H.	1885	R.	Hamilton	36	Indiana	10	1880	Hospital " "	Louisville, Ky.
Watson, F. W.	1885	R. E.	Eureka	44	New York	22	1886	Rush " "	Chicago, Ill.
Wakefield, C. A.	1885	R.	"	41	Indiana	12	1875	Medical College of Ohio	
Wood, Charles E.	1892	R.	Climax	35	America	9	1891	College Physicians and Surgeons	Iowa City, Iowa.
Grove, W. T.	1893	R.	Virgil	26	"	1½	1893	Marion Sims	St. Louis, Mo.

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REGISTRATION OF PHYSICIANS AND MIDWIVES — 1893 — CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
HAMILTON COUNTY:									
Boggs, M. C.	1892	R.	Coolidge	49	America	20	1877	Illinois State Board of Health	Galesburg, Ill.
HARPER COUNTY:									
Arnold, W.	1892	R.	Bluff City	39	America	7	1885	College Physicians and Surgeons	Indianapolis, Ind.
Brackmay, Joseph	1892	R.	Attica	65	"	30	1883	University Medical College	Ann Arbor, Mich.
Bell, Allen	1892	R.	Freeport	37	"	6	1886	College Physicians and Surgeons	Chicago, Ill.
Bell, S. C.	1892	H.	Attica	46	"	16	1882	University of Iowa	Iowa City, Iowa.
Baldwin, A. H.	1892	R.	Anthony	25	"	3	1889	Hahnemann Medical College	Chicago, Ill.
Cleveland, O. B	1892	R.	Crisfield	44	"	20	1892	Burlington " "	Burlington, Vt.
Callender, C. J	1892	R.	Anthony	29	"	3	1889	University of New York	New York city.
Frazer, A. H.	1892	P. M.	Harper	37	Scotland	13	1880	College Physicians and Surgeons	Edinburgh, Scotland.
Goodrick, C. W.	1892	R.	Bluff City	50	America	20	1878	Physio-Medical Institute	Cincinnati, Ohio.
Kirkpatrick, H. N.	1892	H.	Anthony	42	"	14	1878	St. Louis Medical College	St. Louis, Mo.
Kirkpatrick, J. A.	1892	R.	"	37	"	8	1884	Hahnemann " "	Chicago, Ill.
Kerr, G. H.	1892	R.	Attica	49	"	8	1874	University of Michigan	Ann Arbor, Mich.
Medasis, J. H	1892	R.	Harper	40	"	14	1891	" " Kansas City	Kansas City, Mo.
Muir, W. G.	1892	R.	"	35	"	8	1884	" " Michigan	Ann Arbor, Mich.
Martin, H. C.	1892	R.	"	58	"	30	1882	" " Louisville	Louisville, Ky.
McAdams, A. J	1892	R.	Danville	35	"	16	1876	Bellevue Medical College	New York city.
Mason, Joel	1892	R.	Attica	72	"	43	1849	Cincinnati " "	Cincinnati, Ohio.
Minbigler, C. W	1892	R.	Harper	...	"	15	1877	Bellevue " "	New York city.
Odell, D. W.	1892	R.	Freeport	36	"	15	1877	Rush " "	Chicago, Ill.
Trimble, R. S	1892	R.	Harper	52	"	24	1860	Louisville " "	Louisville, Ky.
Wilson, J. G	1892	R.	Attica	50	"	25	1873	College Physicians and Surgeons	Keokuk, Iowa.
Wilson, T. B.	1892	P. M.	Crisfield	69	"	42	1847	Curtis Medical College	Cincinnati, Ohio.
Bowers, C. E.	1885	R.	Anthony	39	"	14	1883	Rush " "	Chicago, Ill.
Bundy, W. E.			Bluff City.						
Winbigler, C. W	1892	R.	Harper	42	America	17	1877		
HARVEY COUNTY:									
Axtell, John T	1885	R.	Newton	37	Illinois	7	1883	Bellevue Hospital Medical College	New York city.
Bennett, G. D	1885	R.	"	38	New York	14	1879	University of Pennsylvania	Philadelphia, Pa.
Boyd, Gaston	1885	R.	"	48	Kentucky	21	1874	Ohio Medical College	Cincinnati, Ohio.
Colman, Thomas M	1885	R.	"	53	Ohio	33	1866	Bellevue Hospital Medical College	New York city.
Conrad, J. D.	1885	R.	"	58	Pennsylvania	33			
Easling, P. W	1885	R.	Burrton	46			1886	Kansas State Board Medical Examiners.	
Farmer, J. R.	1885	E.	Walton	57	Ohio	22		" " " " "	
Goddard, J. M	1885	R.	Sedgwick	61					
Hoover, E. M	1885	E.	Halstead	64	Ohio	14	1878		Columbus, Ohio.
Kemper, A. D. H	1885	E.	Sedgwick	42	Indiana	15	1885	American Medical College	St. Louis, Mo.
Knott, A. R	1885	H.	Newton	61	Pennsylvania	42		Eclectic Medical College	Cincinnati, Ohio.
Miller, Max	1885	R.	"	35	Illinois	9		Kansas State Board Medical Examiners. University of Iowa.	

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McKee, James	1885	R.	Newton	52	Pennsylvania	42		Eclectic Medical College		Cincinnati, Ohio.
Miller, Jackson	1885	H.	Halstead	58	Illinois	32	1868			Cleveland, Ohio.
Newhall, S. A	1886	H.	Newton	63	New Hampshire,	17	1887	Hahnemann Medical College		St. Louis, Mo.
Robinson, J. G	1886	R.	Sedgwick	32	Ohio	8	1884	Bellevue Hospital Medical College		New York city.
Stearns, E. P	1885	E.	Newton	60	Vermont	38	1854	Eclectic Medical College		Cincinnati, Ohio.
Seaton, J. H	1885	R.	"	52	Kentucky	26	1866	Kentucky School		Louisville, Ky.
West, O. J	1887	E.	"	52	Michigan	31	1860	University of Michigan		Ann Arbor, Mich.
Conrey, Gussie	1890	R.	"	35	Sweden	11	1881	Woman's Medical College		Chicago, Ill.
Hanks, J. H	1892	R.	"	33	Germany	½	1892	Kansas City " "		Kansas City, Mo.
Simens, A	1892	R.	"	30	"	½				
Lawrence, V. E	1893	R.	Halstead	37	America	10	1883	University of Michigan		Ann Arbor, Mich.
Roff, O. H	1893	R.	Newton	29	"	½	1893	College Physicians and Surgeons		Chicago, Ill.
Midwives:										
Ruthford, Lydia A	1893	M.	Sedgwick	58	Canada	28				
HASKELL COUNTY:										
Creson, S. P	1893	E.	Santa Fe	36	America	9	1884	Indiana Eclectic Medical College		Indianapolis, Ind.
Cline, S. A	1894	E.		48	"	17				
Midwives:										
Buster, Mrs. J. C		M.	Santa Fe.							
Helman, Eliza	1893	M.		69	England	5				
Stanley, Mrs. M			Santa Fe.							
Wright, Mrs. Nannie			Taw.							
Wright, S	1893			63	America	30				
HODGEMAN COUNTY:										
Booth, H. S	1886	E.	Jetmore	47	Massachusetts	15				
Bowie, T. C	1886	E.	Hodgeman	43	Virginia	16	1870	Eclectic Medical Institute		Cincinnati, Ohio.
Sterrett, W. M	1892	R.	Jetmore	32	Kansas	4		Gross " College		Denver, Colo.
Midwives:										
Knoefflie, Catharine	1886	M.	Jetmore	37	Germany	12				
JACKSON COUNTY:										
Cookingham, D. A	1892	H.	Holton	44	America	22	1891	Kansas City Homeopathic Medical College,		Kansas City, Mo.
Darlington, J. W		R.	Denison	38	"	14	1887	College Physicians and Surgeons		Baltimore, Md.
Fulton, C. E		R.	Hoyt	28	"	4	1888	University of Iowa		Iowa City, Iowa.
Henry, R. Y		H.	Soldier	25	"	2				St. Louis, Mo.
Jermane, P. L	1892	R.	Circleville	24	"		1892	Jefferson Medical College		Philadelphia, Pa.
Locke, George E	1892	E.	Holton	42	"	14	1878	Eclectic " "		New York city.
Love, John E	1885	R.	Whiting	33	"	10	1882	Rush " "		Chicago, Ill.
McCandless, A. B	1892	R.	Holton	64	"	40	1869	Chicago " "		"
McGrew, M. S	1892	H.	"	24	"	1	1891	Hahnemann " "		"
Paddock, L. P	1885	R.	Netawaka	64	"	27	1864	Rush " "		"
Pettijohn, J. W		R.	Hoyt	60	"	30		Georgetown " "		Georgetown, D. C.
Robson, R		R.	Mayetta	40	"	2	1890	St. Joseph " "		St. Joseph, Mo.
Reed, S. S	1885	R.	Soldier	38	"	13	1880	Hospital " "		Louisville, Ky.
Rafter, John A	1892	R.	Holton	36	"	13	1880	University " "		New York city.
Sevit, John T	1892	R.	"	44	"	24	1870	Rush " "		Chicago, Ill.
Spencer, Emily E	1892	H.	"	45	"	6	1888	Hahnemann " "		"
Sherburne, F. B	1892	H.	"	50	"	22	1870	Cleveland Hospital Medical College		Cleveland, Ohio.
Taylor, T. E		R.	Circleville	26	"	1	1891	Kansas City Medical College		Kansas City, Mo.
Taylor, R. B	1892	R.	"	60	"	10				

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
JEFFERSON COUNTY:									
Ayers, S. F.	1885	R.	Grantville	35	America	12	1873	Bellevue Hospital Medical College	New York city.
Baisley, J. W.	1885	R.	Oskaloosa	40	Ohio	15	1872	Starling Medical College	Columbus, Ohio.
Burns, P.	1885	R.	Perry	40	Ireland	18	1867	Medical Department University Nashville,	Nashville, Tenn.
Cowan, A. M.	1885	H.	Valley Falls	56	Pennsylvania	33	1852	Eclectic College	Cincinnati, Ohio.
Cowan, M. W.	1885	H.	"	29	"	5	1890	New York Homeopathic College	New York city.
Carley, J. R.	1886	H.	Winchester	35	Illinois	4	1886	Hahnemann Medical College	Chicago, Ill.
England, C. M.	1885	E.	Meriden	42	Kentucky	12	1875	Eclectic Medical Institute	Cincinnati, Ohio.
Flagg, E. D.	1885	E.	Perry	33	America	8	1890	" " "	" "
Gephart, J. T. B.	1885	R.	Valley Falls	37	"	15	1870	Rush Medical College	Chicago, Ill.
Graham, Dales Y.	1892	R.	Nortonville	27	"	2½	1890	" " "	" "
Hatfield, William	1886	R.	Oskaloosa	28	Minnesota	2	1886	State University of Iowa	Iowa City, Iowa.
Hopkins, Guy S.	1892	R.	Meriden	57	New York	35	1860	College Physicians and Surgeons	New York city.
Jones, Elijah	1893	R.	McLouth	45	Missouri	14	1878	Medical Department Missouri University	Columbia, Mo.
Johnston, Samuel	1885	R.	Oskaloosa	40	Ohio	5	1880	College Physicians and Surgeons	Keokuk, Iowa.
Lemon, W. B.	1885	R.	Winchester	52	Indiana	31	1854	State University	Bloomington, Ind.
Lowman, G. W.	1885		Oskaloosa	41	Pennsylvania	8	1877	Ohio Medical College	Cincinnati, Ohio.
McLallin, S.	1885	R.	Meriden	49	"	14	1868	Albany " "	Albany, N. Y.
Maxon, H. R.	1885	H.	Nortonville	46	America	5	1880	Homeopathic Medical College	New York city.
Northrup, L.	1885	R.	Valley Falls	66	New York	42	1862	Rush " "	Chicago, Ill.
Puderburgh, Aaron	1885	R.	Osawkie	49	"	15	1882	College Physicians and Surgeons	Kansas City, Mo.
Rankin, Edgar C.	1885	R.	McLouth	32	West Virginia	7	1888	Kansas City Medical College	" "
Rogers, S. L.	1892	R.	Thompsonville			7	1885	University " College	" "
Swallow, Frank	1885	H.	Valley Falls	28	America	8	1884	Hahnemann " "	Chicago, Ill.
Senft, E. L.	1885	E.	"	38	Ohio	10	1874	Hygiene and Therapeutical College	Flatbush, N. J.
Smith, Albert G.	1892	R.	Oskaloosa	32	America	6	1886	Medical Department, University	Kansas City, Mo.
Surber, D.	1885	E.	Perry	56	Ohio	19	1866	Eclectic Medical Institute	Cincinnati, Ohio.
Wilson, David B.	1892	R.	Nortonville	31		2½	1890	Rush Medical College	Chicago, Ill.
Webb, R. D.	1885	R.	"	46	Ohio	20	1865	Starling " "	Columbus, Ohio.
Bly, Thos. H.	1893	R.	Valley Falls	40		13	1876 1893	University "	Boston, Mass. Kansas City, Mo.
Marks, M. F.	1894	R.	Valley Falls	35	America	5	1888	Medical College	" "
Owen, Jacob L.	1893	R.	Rock Creek	34		2	1892	Kansas Medical College	Topeka, Kas.
Van Meer, W. H.	1894	H.	Valley Falls	39	Canada	17	1890	Homeopathic Medical College	Kansas City, Mo.
JEWELL COUNTY:									
Fairchild, L. A.	1892	R.	Randall	43		2½	1890	Rush Medical College	Chicago, Ill.
Horn, John G.	1885	R.	North Branch	49	America	5		University Medical College	Ann Arbor, Mich.
Hawley, Joseph E.	1885	R.	Burr Oak	33	"	13	1887		St. Joseph, Mo.
Hughes, O. W.	1885	R.	Jewell City	32	"	8	1877	College Physicians and Surgeons	Keokuk, Iowa.
Kirk, Thomas, jr.	1885	E.	Burr Oak	26	"	5	1880	Eclectic Medical Institute	Cincinnati, Ohio.
Lowe, Geo. G.	1890	R.	Randall	27	"	21	1868	Bellevue Medical College	New York city.
Lowell, J. S.	1879	R.	Webber		"	21	1876	Albany " "	Albany, N. Y.
Morse, S. P.	1887	R.	Formosa		"		1870	Rush " "	Chicago, Ill.

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Peters, A. B	1885	R.	Mankato	35	America	8	1883	University, Medical Department	Kansas City, Mo.
Saunders, L. A	1879	R.	"				1871	Louisville Medical College	Louisville, Ky.
Simmons, C. L	1892	R.	"	26	America	1	1892	Ensworth " "	St. Joseph, Mo.
Wesselowski, Julius	1887	R.	Jewell City	30		1	1885	Medical Department, University	Kansas City, Mo.
Batchelder, S. J	1892	R.	Lovewell	60	America	40			
Duncanson, ——		R.	Ionia		"	28			
Johnson, J. W		R.	Formoso		"				
Ross, ——	1879	H.	Burr Oak		"				
Stalcup, H. G	1894	E.	Otego	52		28	1889		
Ward, C. G	1885	H.	Esbon	43	America	12			
Whittier, C. A	1885	E.	Jewell City	49	"	28			
Midwives:									
George, Hannah	1885	M.	Harrison	30		6			
Rocks, H	1888	M.	"	52		12			
Doxan, Mary E	1893	M.	Lovewell	50	America	12			
JOHNSON COUNTY:									
Armstrong, J. B	1885	R.	Gardner	43	America	15	1868	University	Keokuk, Iowa.
Atcheson, J. R	1892	R.	Edgerton	31	"	6	1886	Kansas City Medical College	Kansas City, Mo.
Bower, G. M	1885	N. S.	Lenexa	54	"	28	1862	Bellevue Medical Hospital	New York city.
Beach, A. D	1885	E.	Olathe	46	"	23	1862 1881	Kansas City Medical College	Kansas City, Mo.
Boyd, Geo. A	1892	R.	Edgerton	27	"	2	1890	Bellevue Hospital Medical College	New York city.
Coleman, J. H	1885	R.	Gardner	27	"	3	1882	Columbus Medical College	Columbus, Ohio.
Case, Thomas	1885	R.	Shawnee	42	"	17	1884	Rush " "	Chicago, Ill.
Green, F. F	1885	R.	Olathe	33	"	8	1879	University of Buffalo	Buffalo, N. Y.
Glover, A. J	1885	E.	De Soto	66	"	25			
Hamill, Thomas	1885	R.	Olathe	60	United States	29	1869	Humboldt College	St. Louis, Mo.
Hastings, H. E	1885	R.	"	37	" "	6	1880	Missouri Medical College	" "
Hoke, H. E	1891	P. M.	Morse	52	America	25	1878	Physio-Medical College	Cincinnati, Ohio.
Hulen, J. B	1892	U.	Holliday	25	"	2	1890	University Medical College	Kansas City, Mo.
Hudson, John F	1891	H.	Olathe	46	"	10	1885	Pulte " "	Cincinnati, Ohio.
Julien, Peter	1885	P. P.	"	74	"	52	1850	Physio-Medical College	" "
Johnson, H. H	1888	R.	Stanley	22	"	1	1888	University of Kentucky	Louisville, Ky.
Lemon, W. E. H	1885	H.	Olathe	38	"	14	1871	Homeopathic Medical College of Missouri	St. Louis, Mo.
Lee, J. G	1892	R.	De Soto	24	"	1	1892	University Medical College	Kansas City, Mo.
McKinley, C. G	1885	R.	Olathe	64	"	34	1852	Starling " "	Columbus, Ohio.
Marcks, W. M	1885	R.	De Soto	46	"	24	1861	Pennsylvania " "	Philadelphia, Pa.
Maloney, J. C. F	1885	R.	Shawnee	53	"	10	1852		
Moore, W. M	1890	R.	Olathe	24	"	4	1884	St. Louis Medical College	St. Louis, Mo.
McCall, H. B	1891	R.	Lenexa			1	1889	Kansas City " "	Kansas City, Mo.
Skinner, H. D	1890	R.	Spring Hill	36	America	10	1881	Medical College	Indianapolis, Ind.
Sloan, M. F	1885	R.	Aubrey	35	"	10	1876	Louisville Medical College	Louisville, Ky.
Stevens, S. G. W	1885	R.	Spring Hill	30	"	7	1878	Starling " "	Columbus, Ohio.
Sawyer, C. J	1887	R.	" "	33	"	9	1887	College Physicians and Surgeons	Indianapolis, Ind.
Schenck, Walter S	1888	R.	Stillwell	39	"	18	1886	" " "	Kansas City, Mo.
Sloan, J. R	1892	R.	Stanley	41	"	17	1881	Kansas City Medical College	" "
Thomas, Miss Jessie	1889	R.	Olathe	26	"	3	1886	Woman's " "	Chicago, Ill.
Uhl, W. A	1891	R.	Gardner	31	"	9	1882	Fort Wayne College of Medicine	Fort Wayne, Ind.
Wilson, S. B. S	1885	E.	Olathe	42	"	20	1881	Eclectic Medical Institute	Cincinnati, Ohio.
Williams, R. A	1885	E.	Olathe	28	"	5½	1883	Bennett Medical College	Chicago, Ill.
Blair, S. L		H.	Edgerton					Homeopathic College	" "

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
BNY COUNTY:									
Jovin, C. C	1890	R.	Lakin	36	America	6	1884	University of Michigan	Ann Arbor, Mich.
Richards, Geo. C. W		R.	Hartland	38	Canada		1879	Trinity Medical College	Canada.
KINGMAN COUNTY:									
Greenland, H	1890	R.	Spivey	32	America	4			
Haskins, M. H	1887	R.	Kingman	36	"	13	1875	Chicago Medical College	Chicago, Ill.
Hoag, J. H	1888	H.	"	35	"	10	1883	Hahnemann Medical College	" "
Hinton, E. W	1886	R.	"	51	"	28	1861	Rush " "	" "
Holbrook, George	1892	E.	"	78	England	35			
Jeffers, G. D	1889	R.	Cunningham	24	America	5	1889	University of Louisville	Louisville, Ky.
Kuder, E	1892	R.	Kingman	41	Germany	17	1876	Tübingen	Germany.
Light, J. W	1885	H.	"	27	America	2	1884	Pulte Medical College	Cincinnati, Ohio.
Laning, S	1885	R.	"	53	"	32	1853	University of Michigan	Ann Arbor, Mich.
McIlhenny, H. L	1885	R.	Norwich	28	"	2	1885	Missouri Medical College	St. Louis, Mo.
Pattison, G. W	1885	R.	Cleveland	51	"	31	1854	Miami " "	Cincinnati, Ohio.
Tipton, Wm	1888	R.	Nashville	42	"	13			
Tiffeny, Miss C. B	1892	H.	Kingman	26	"	1	1892		New York city.
Tom, William	1892	E.	New Murdock	50	"	22	1890	Iowa Eclectic College	Des Moines, Iowa.
Barnes, L	1893	E.	Spivey	45	"	20			
Buck, W. E	1893	H.	Kingman	35	"	8	1885	State University	Lincoln, Neb.
Benepee, J. L	1887	R.	"	37	"	11	1882	Missouri Medical College	St. Louis, Mo.
Farrow, E	1893	R.	Goyne	20	"				
Hitzler, J. N	1893	R.	Norwich	63	"	43	1874	Ohio Medical College	Cincinnati, Ohio.
McVay, E. J	1893	R.	Kingman	32	"	6	1888	Star Medical College	Columbus, Ohio.
Stiers, A. L	1893	E.	Waterloo	45	"	9			Cincinnati, Ohio.
Midwives:									
Robison, A	1886	M.	Kingman	47	America	5			
KIOWA COUNTY:									
Ashley, W. E	1892	R.	Belvidere	36	America	10	1881	Harvard Medical College	Boston, Mass.
Bennett, A. L		H.	Greensburg	45	"			Eclectic " "	Cincinnati, Ohio.
Bennett, Mrs. A. L		H.	"	38	"			" " "	" "
Gardner, J. A	1892	R.	"	38	"	15	1876	Rush " "	Chicago, Ill.
Gossett, T. J	1892	E.	Mullinville	70	"			Eclectic " "	Cincinnati, Ohio.
Gamble, D. C	1892	R.	Wellsford	45	"		1872	Rush " "	Chicago, Ill.
Higbee, J. H	1892	R.	Greensburg	56	"	32	1852	Transvalia " "	Lexington, Ky.
Moon, W. L	1892	E.	Haviland	54	"	28	1864	Eclectic " "	Cincinnati, Ohio.
Milligan, J. A	1892	R.	Greensburg	34	"	10	1883	College Physicians and Surgeons	Indianapolis, Ind.
LABETTE COUNTY:									
Anderson, J. B	1886	R.	Chetopa	36	Indiana	12	1872	Ohio Medical College	Cincinnati, Ohio.
Bendure, C. S	1892	R.	Bartlett	32	Indiana	10			

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Bush, Mrs. Clara N.	1890	R.	Chetopa	27	America		1890	College Physicians and Surgeons	Keokuk, Iowa.
Barbe, Porter W.	1885	R.	Oswego	39	Ohio	5½	1880	Cleveland Medical College	Cleveland, Ohio.
Boon, George D	1885	R.	Chetopa	40	"	15	1870	University of Michigan	Ann Arbor, Mich.
Boardman, E. W.	1888	H.	Parsons	25	Iowa	4	1884	Hahnemann Medical College	Chicago, Ill.
Britt, J. W.	1885	H.	"	36	"	12	1873	" " "	"
Belt, W. H	1885	R.	Oswego		Kentucky	15	1870	Louisville " "	Louisville, Ky.
Crouse, D. B	1885	E.	"	70	Pennsylvania	42	1840		Cincinnati, Ohio.
Conner, W. J.	1885		Labette City	49	Indiana	30	1861	College Medicine and Surgery	" "
Clark, Ira W.	1885	R.	Cecil	31	"	5	1890	Eclectic.	
Davis, Mrs. H. R.	1889	E.	Altamont	60	West Virginia	30			
Draper, John B	1885	R.	Oswego	43	Missouri	17½	1868	Rush Medical College	Chicago, Ill.
Francisco, E.	1888	H.	Parsons	76		39	1879	Homeopathic Examining Board	Kansas.
Fuller, Henry E	1889	R.	Oswego	42	Massachusetts	4	1884	Bellevue Medical College.	
Gabriel, G. W.	1885	R.	Parsons	42	Ohio	16	1870	Kansas City " "	Kansas City, Mo.
Hill, J. B.	1888	R.	Oswego	32	"	7½	1881 1887	College Physicians and Surgeons Jefferson Medical College	Keokuk, Iowa. Philadelphia, Pa.
Henderson, J. W.	1885	R.	Labette City	39	Indiana	9	1876	Indiana " "	Indianapolis, Ind.
Harvey, G. F.	1885	R.	Parsons	38	England	22	1871 1876	St. Paul " " Rush " "	St. Paul, Minn. Chicago, Ill.
Huff, W. A.	1892	R.	Altamont	44	Kentucky	28	1869	University of Kentucky.	
Heacock, James	1892	H.	Parsons	50			1879	Homeopathic Medical College	St. Louis, Mo.
Hamilton, F. E.	1892	R.	Edna					University of Michigan.	
Jones, W. B.	1892	E.	Mound Valley	55	Kentucky	30	1883	Eclectic Medical College	St. Louis, Mo.
Kleiser, J. M.	1885	R.	Parsons	36	"	14	1871	University of New York	New York city.
Kennedy, C. B.	1885	R.	"		Ohio	27	1870	Jefferson Medical College	Philadelphia, Pa.
Kniberg, Annie M.	1886		Chetopa	37	New York	12			
Liggett, Elmer E.	1885	R.	Oswego	24	Ohio	2	1884	College Physicians and Surgeons	Keokuk, Iowa.
Liggett, George S	1885	R.	"	30	Vermont	9	1876	St. Louis Medical College	St. Louis, Mo.
Lucas, D. P.	1885	E.	"	48	Illinois	15		Eclectic Examining Board	Kansas.
Lucas, B. F.	1892	H.	Montana	41	Kentucky	15		Homeopathic Medical College of Missouri.	
Lisle, George	1885	R.	Chetopa	71	Ohio	48		Certificate State Examining Board	Kansas.
McEwen, W. W.	1885	R.	Mound Valley	32	Pennsylvania	11	1883	St. Louis Coll. Physicians and Surgeons	St. Louis, Mo.
McGlothier, J. M. C	1892	R.	Parsons	34	"	10	1881	Jefferson Medical College Howard " "	Philadelphia, Pa. Washington, D. C.
Maser, G. W.	1885	R.	"	30	Ohio	4	1887	Bellevue " "	New York city.
Makeaney, W. H.	1885	E.	Mortimer	55		26	1879	Certificate State Board of Examiners.	
Miller, N. M.	1885	R.	Bartlett	50	Indiana	27	1868	Starling Medical College	Columbus, Ohio.
Newlon, W. S.	1885	R.	Oswego	55	Illinois	26	1868	Branch Iowa University	Keokuk, Iowa.
Newlon, C. S.	1885	R. R.	Altamont	27	Iowa	4	1880 1881	College Physicians and Surgeons	"
Peters, O. E.	1885	E.	Parsons	53	Ohio	20	1881	Bennett Medical College	Chicago, Ill.
Planck, C. H.	1886	R.	"	35	New York	12½	1869 1882	Baltimore " " University of Pennsylvania	Baltimore, Md. Philadelphia, Pa.
Rockhold, C.	1885	R.	"	44	Iowa	20	1874	College Physicians and Surgeons	Keokuk, Iowa.
Smith, Frank J.	1885	R.	Dennis	30	"		1885	Missouri Medical College	St. Louis, Mo.
Strother, L. T.	1885	E.	Mound Valley	44	Indiana	18	1867 1873	Rush " " Jefferson " "	Chicago, Ill. Philadelphia, Pa.
Tinder, J. T	1885	R.	Parsons	39	"	6	1883	Central College Physicians and Surgeons	Indianapolis, Ind.
Tanner, E.	1885	R.	Mound Valley	47	Kentucky	17			
Tenbrook, A.	1885	R.	Parsons	32	Pennsylvania	8		Jefferson Medical College	Philadelphia, Pa.
Temple, A. B.	1886	R.	Chetopa	27	"	6		Western Reserve University.	
Tinder, Jno. W.	1892	R.	Parsons	28	Indiana		1892	Indiana Medical College	Indianapolis, Ind.

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration	School of practice	Location.	Age	Nativity.	Years in practice	Year of graduation	College.	Place of graduation.
LABETTE COUNTY *Concl.:*									
Thompson, A. E.	1892	R.	Dennis	46	Ohio	18			
Williams, Lee	1895	R.	Oswego	36	"	8	1877	School of Medicine	Kentucky.
White, Penelope	1895	E.	Parsons	64	Illinois	45			
White, Ed. A.	1895	R.	"	37	"	7			
Wheeler, S. L.	1895	R.	Montana	47	Ohio	5	1881	Starling Medical College	Columbus, Ohio.
Eddy, A	1893	H.	Dennis.						
Gunn, W. H	1893	E.	Parsons	44	America	22	1880	Homeopathic College	St. Louis, Mo.
Jones, C. H	1893	E.	Mound Valley	29	"	8	1885	Kansas Medical College	Topeka, Kas.
Jones, W. S	1893	E.	Edna	31	"	10	1887	Eclectic " "	Missouri.
Newlon, Jessie	1889	R.	Oswego	28	"		1889	Physicians and Surgeons	Keokuk, Iowa.
Midwives:									
Brock, L.	1889	M.	Oswego	37	New York	16			
Crain, Caroline	1895	M.	Altamont	63	"	12			
Edgar, Frances	1895	M.	Mound Valley	52	England	40			
France, Catherine H	1895	M.	Angola	51	"	40			
Karn, B. J	1891	M.	Altamont	47	America	11			
Robinson, Celia	1895	M.	Oswego	60	Missouri	45			
Stokes, Serinia	1895	M.	"	59	Florida	15			
Sykes, Emily	1895	M.	"	70	Kentucky	50			
Okinberg, Annie E		M.	Chetopa.						
LANE COUNTY:									
Morris, W. H.	1891	R.	Alamota	48	America	12			Des Moines, Iowa.
Rownd, F. L.	1888	R.	Dighton	37	"	14	1874	Rush Medical College	Chicago, Ill.
Von Platt, A. T.	1888	R.	"	27	Canada	3	1895	McGill and Victoria	Montreal, Can.
							.....	College of Surgeons	Edinburgh, Scotl'nd.
Woods, D. L.	1892	R.	"	53	America	28	1868	Rush Medical College	Chicago, Ill.
Midwives:									
Lankford, Milly	1888	M.	Sutton	52	America	20			
Lucas, Maggie	1888	M.	Dighton	34	"	4			
Cook, Emily A	1891	M.	Manning	36	"	3			
LEAVENWORTH COUNTY:									
Brock, J. W	1892	R.	Leavenworth	62	Massachusetts	36	1855	Maryland University	Baltimore, Md.
Carpenter, O. R	1892	R.	"	35	Iowa	10	1882	Rush Medical College	Chicago, Ill.
Callahan, H. B	1892	R.	"	71	Kentucky	50	1843	Ohio " "	Cincinnati, Ohio.
Edis, J. J	1892	H.	"	54	New York	26	1867	Bellevue Hospital Medical College	New York city.
Goddard, O. C	1892	R.	"	43	"	15	1873	" " " "	" "
Hamilton, J. L.	1892	R.	"	33	Ohio	12	1887	Columbus Medical College	Columbus, Ohio.
Hunter, J. K	1892	H.	"	46	Maine	14	1878	Iowa State University	Iowa City, Iowa.
Harris, A. J	1892	R.	"	56	Pennsylvania	34	1861	University of New York	New York city.
Johnson, A. L.	1892	H.	"	47	Ohio	22	1872	Chicago Homeopathic College	Chicago, Ill.

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Jones, S. W	1892	R.	Leavenworth	63	Maine	39	1853	Bowdoin Medical College	Brunswick, Me.
Lane, Jas. A	1892	R.	"	39	Wisconsin	11	1881	Jefferson " "	Philadelphia, Pa.
Laner, A	1892	R.	"	43	Germany	12	1884	Strassburg " "	Strassburg, Germ'y.
McCormick, J. M	1892	E.	"	61	Pennsylvania	36		Philadelphia Medical College	Philadelphia, Pa.
McGill, J. F	1892	R.	Soldiers' Home	25	Kansas	4	1888	Kansas City " "	Kansas City, Mo.
Moates, C. M	1892	R.	Leavenworth	33	Georgia	5	1888	Meharry " "	Nashville, Tenn.
Morgan, Eliza K	1892	H.	"	56	New York	28	1864	Western Homeopathic "	Cleveland, Ohio.
Morgan, W. F	1892	H.	"	55	Ohio	30	1862	" " "	" "
Phillips, Samuel	1892	R.	"	62	Maryland	39	1853	Maryland University	Baltimore, Md.
Phillips, D. R	1892	R.	"	29	Kansas	5	1887 1887	College Physicians and Surgeons Columbia College	New York city. " "
Thomas, M. S	1892	R.	"	61	Maryland	39	1853	Maryland University	Baltimore, Md.
Thomas, D. W	1892	R.	"	66	"	43	1849	" "	" "
Van Duyn, A. C	1892	R.	"	58	New York	31	1862	Michigan "	Ann Arbor, Mich.
Van Eman, W. T	1892	R.	"	43	Ohio	17	1875	Ohio Medical College	Cincinnati, Ohio.
Van Tuyl, W. R	1892	R.	"	29	"	4	1889	Kansas City Medical College	Kansas City, Mo.
Walter, W. W	1892	R.	"	32	Kansas	9	1888	University of Pennsylvania	Philadelphia, Pa.
Wever, J. L	1892	R.	"	67	New York	40	1852	Albany Medical College	Albany, N. Y.
Yohe, A. F	1892	R.	"	27	Kansas	4½	1888 1892	Rush " " Bellevue Hospital Medical College	Chicago, Ill. New York city.
Cain, Milton		R.	Jarbalo	27	America		1893	Medical College	Kansas City, Mo.
Chase, A. G		R.	Melwood	54	"	33	1860	Ohio Medical College	Cincinnati, Ohio.
Craig, T. C		R.	Easton	50	"	26	1867	Virginia Medical College	Richmond, Va.
England, C. M		E.	Lansing	50	"	23	1870	Eclectic " "	Cincinnati, Ohio.
Gladman, W. R		E.	Tonganoxie	46	"	17	1875	" " "	" "
Langworthy, S. B		R.	Leavenworth	35	"	7	1887	Medical College	Kansas City, Mo.
McGill, J. F		R.	"	26	"	5	1888	" "	" "
Neally, G. F		R.	Lansing		"	23	1870	Northwestern University	Chicago, Ill.
Warford, J. D		R.	Linwood	34	"	14	1881	College Physicians and Surgeons	Keokuk, Iowa.
Waring, J. W		R.	"	54	"	33	1860	Ohio Medical College	Cincinnati, Ohio.
LINCOLN COUNTY:									
Clark, S. M	1892	R.	Lincoln		America	17	1875	Jefferson Medical College	Philadelphia, Pa.
Fancher, N. C	1890	E.	"		"				
Hall, H. M	1886	R.	"	58	England	35	1858	College Physicians and Surgeons	Keokuk, Iowa.
Newton, E. S	1888	R.	"		America		1870	Ohio Medical College	Cincinnati, Ohio.
Patterson, W. M	1887	R.	Allamead	60	"	30		Starling " "	Columbus, Ohio.
Pratt, H. F	1888	R.	Beverly	30	"	8	1884	Ohio " "	Cincinnati, Ohio.
Hunton, Geo. A	1893	E.	Lincoln		"	16	1879	College Physicians and Surgeons	Keokuk, Iowa.
Sherrick, J. D	1894	R.	"	42	"	19	1877	University of Michigan	Ann Arbor, Mich.
Midwives:									
Hansen, Maria	1886	M.	Denmark			14			
Twibell, Ellen	1887	M.	Bacon			15			
Green, Phœbe	1888	M.	Beverly		America.				
LINN COUNTY:									
Anthony, William	1885	R.	Prescott	56	Pennsylvania	30	1885	Jefferson Medical College	Philadelphia, Pa.
Artmann, B. E	1888	E.	Mound City	23	Indiana		1888	Eclectic " Institute	Cincinnati, Ohio.
Bishop, Morris	1885	R.	Mound Creek	41				Indiana " College	Indiana.
Babcock, Amos C	1885	R.	Blue Mound	52	New York	30	1860	New York " "	New York city.
Coe, Ira E	1885	R.	Mound City	41	"	18	1867	Jefferson " "	Philadelphia, Pa.
Campbell, John T	1885	E.	Farlinville	41	Missouri	9			

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REGISTRATION OF PHYSICIANS AND MIDWIVES — 1893 — CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
LINN COUNTY — *Concl.:*									
Cormann, G. W	1885	E.	Blue Mound	28	Illinois	7	1883	American Medical College	St. Louis, Mo.
Divelbliss, J. R	1885	R.	La Cygne	57	Pennsylvania	30		Kansas State Board of Examiners.	
Divelbliss, S. B	1885	R.	Parker	48	"	22	1876	College Physicians and Surgeons	Kansas City, Mo.
Dallas, Wilbur F	1885	R.	Cadmus	40	Missouri	18	1867	St. Louis Medical College	St. Louis, Mo.
Geo, John W	1888	R.	Centerville		Pennsylvania	18	1870	Rush Medical College	Chicago, Ill.
Hanna, J. G	1885	E.	Blue Mound	67	Indiana	30			
Hamilton, W. H	1889	H.	Centerville	55	Missouri	13		Certificate State Board of Illinois.	
Mendenhall, R. G	1885	R.	La Cygne	43	Illinois	12	1867 1872	University of Michigan Bellevue Medical College	Ann Arbor, Mich. New York city.
Myers, Jessie F	1885	R.	La Cygne	29		5	1884	College Physicians and Surgeons	Keokuk, Iowa.
Nemon, L. G	1888	R.	Pleasanton	49	New York	27	1861	Castleton Medical College	Vermont.
O'Brien, M. S	1888	R.	"	36	Missouri	13	1884	Certificate State Board of Missouri.	
Peare, R. J	1885	R.	"	41	Ireland	16	1869	University of Michigan	Ann Arbor, Mich.
Plumb, Henry		R.	"		Connecticut		1861	Yale University	Connecticut.
Ruley, John N	1889	E.	Centerville	58	Ohio	26	1861		
Roberts, A. J		R.	La Cygne		"		1875	Columbus Medical College	Columbus, Ohio.
Rees, W. R	1885	R.	Trading Post	42	Illinois	21	1883	College Physicians and Surgeons	Keokuk, Iowa.
Rash, A. W	1885	E.	Wall Street	52	Missouri	33	1879	Cincinnati Eclectic Institute	Cincinnati, Ohio.
Shideler, A. B	1885	R.	Orchard	33	Indiana	5½	1881	College Physicians and Surgeons	Keokuk, Iowa.
Sellers, L. R	1885	R.	Prescott	37	"	8	1877	Indiana Medical College	Indianapolis, Ind.
Smoot, John W		R.	Mound City		Kansas		1891	Rush " "	Chicago, Ill.
Warner, A. H	1888	R.		48	America	16	1886		
Winans, Norman T	1885	E. R.	Centerville	75	New York	50	1840	Medical Colleges	New York and Ohio.
Midwives:									
Buskerville, Amanda	1888	M.	Mound City	44	Missouri	6			
LOGAN COUNTY:									
Norris, J. A	1888	R.	Russell Springs	34	Illinois	5	1888	Missouri Medical College	St. Louis, Mo.
Southard, S. H	1889	R.	Monument	46	Canada	22	1886		Cincinnati, Ohio.
Taylor, John N	1891	R.	Winona	41	Indiana	16	1882		Joplin, Mo.
Winslow, C. W	1888	R.	Oakley	37	Illinois	10	1886	St. Joseph Medical College	St. Joseph, Mo.
LYON COUNTY:									
Biddle, G. A	1885	R.	Emporia	40	America	16	1869	Bellevue Medical College	New York city.
Biddle, Thomas C	1885	R.	"	28	"	5	1881	Rush " "	Chicago, Ill.
Cooper, F. M	1889	E.	"	36	"	17	1877	American " "	St. Louis, Mo.
Eidson, A. M	1889	E.	"	45	"	28	1874	Eclectic Medical Institute	Cincinnati, Ohio.
Fuller, H. J	1885	R.	Hartford	26	"	1½	1884	Missouri Medical College	St. Louis, Mo.
Frost, G. W	1885	R.	Emporia	49	"	15	1871	Rush " "	Chicago, Ill.
Foncannon, T. F	1885	R.	"	29	"	6	1879	Louisville " "	Louisville, Ky.
Gardiner, Charles	1885	R.	"	37	"	10	1879	Jefferson " "	Philadelphia, Pa.
Hatcher, C. D	1886	R.	Admire	29	"	5			

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Jacobs, L. D	1885	R.	Emporia	48	America	19	1866	University of Pennsylvania		Philadelphia, Pa.
King, Robert	1886	H.	"	47	"	23	1863	New York Homeopathic Colleg		New York city.
Kirkpatrick, E	1886	R.	Bushong	33	"	2½	1886	College Physicians and Surgeons		Baltimore, Md.
Longenecker, D. F	1885	R.	Emporia	51	"	9	1876	Jefferson Medical College		Philadelphia, Pa.
Moore, J. A	1885	R.	"	56	"	28	1855	Iowa State Medical College		Keokuk, Iowa.
McCandless, R. W	1886	R.	"	63	"	39	1882			Cin. and Keokuk.
Morrison, J. F	1892	R.	Reading	38	"	12	1879	College Physicians and Surgeons		New York city.
Page, J. H	1886	R.	Emporia	48	"	22	1865	Berkshire Medical College		Berkshire, Mass.
Royal, A. B	1885	R.	Americus	51	"	8	1877	Rush Medical College		Chicago, Ill.
Reser, S. P	1885	R.	Hartford	34	"	10	1880	College Physicians and Surgeons		Keokuk, Iowa.
Raley, J. N	1892	E.	Reading	63	"	31	1861	Eclectic Medical Institute		Cincinnati, Ohio.
Sillars, J. W	1885	.....	Neosho Rapids	45	"	10	1881	Keokuk Medical College		Keokuk, Iowa.
Schellack, E. H	1886	R.	Bushong	42	Germany	7	1886	College Physicians and Surgeons		St. Louis, Mo.
Wright, T. Arthur	1886	E.	Americus	45	Canada	28	1867	Eclectic Medical Institute		Cincinnati, Ohio.
Wright, J. J	1885	R.	Emporia	56	America	28	1854	Ohio Medical College		"
Wetmore, C. H	1885	R.	"	52	"	32	1864	Berkshire Medical College		Massachusetts.
Burris, G. T	1893	R.	Allen	....	"	.....	.....	St. Joseph " "		St. Joseph, Mo.
Fenn, B. F	1893	R.	Admire	28	"	1	1893	Physicians and Surgeons		St. Louis, Mo.
Fitzgerald, H. C	1885	R.	Neosho Rapids	59	"	25	1869	Medical College		Keokuk, Iowa.
Lane, T. H	1893	R.	Emporia	60	"	33	1868	" "		Cincinnati, Ohio.
Poindexter, J. M	1893	R.	"	37	"	9	1884	University of Louisville		Louisville, Ky.
MARION COUNTY:										
Apple, John	1888	R.	Lehigh	46	Germany	.....	1885	Alexander Medical College		Germany.
Buck, L. A	1885	R.	Peabody	45	America	.....	1866	Georgetown " "		Washington, D. C.
Barrows, G. S	1892	R.	Marion	....	"	.....	1849	Rock Island " "		Rock Island, Ill.
						.....	1877	Hahnemann " "		Chicago, Ill.
Conry, Augusta	1885	R.	Florence	29	Sweden	.....	1881	Woman's " "		"
Conry, Thomas J	1885	R.	"	46	America	.....	1871	Kansas City " "		Kansas City, Mo.
Entz, J. J	1889	E.	Hillsboro	25	Prussia	.....	1886	Bennett " "		Chicago, Ill.
Eitzen, Sarah	1889	H.	"	49	Russia	15				
Farmer, A. M	1886	E.	Peabody	50	America	.....				
Furst, Oliver J	1888	R.	"	30	"	.....	.....	Iowa University		Iowa City, Iowa.
Foth, Florentine	1889	H.	Hillsboro	47	Russia	17				
Harris, R. F	1892	R.	Marion	....	America	.....	1868	University of Michigan		Ann Arbor, Mich.
						.....	1869	Bellevue Hospital Medical College		New York city.
Hannaford, Joseph W	1885	R.	"	....	"	.....	1871	Rush Medical College		Chicago, Ill.
Harhwig, Heinrich	1892	R.	Durham	47	Russia	27	1864	Saratow Medical College		Russia.
Jones, Chas. M	1885	E.	Florence	26	America	.....	1883	St. Louis Eclectic Medical College		St. Louis, Mo.
Kollock, E. Churchill	1892	H.	Peabody	46	"	10	1882	University of Michigan		Ann Arbor, Mich.
Kelley, Geo. A	1885	H.	Burns	28	"	.....	1880	Cleveland Homeopathic College		Cleveland, Ohio.
Loose, C. A	1885	R.	Peabody	43	"	13	1872	University of Pennsylvania		Philadelphia, Pa.
McFarland, F	1888	R.	Hillsboro	....	.....	.....	1864	Albany, Newport, and Bellevue.		
Morrill, L. T	1885	R.	Peabody	42	America	.....	1873	Union University		New York city.
Maier, J. Ludwig	1887	E.	Lehigh	55	Germany	.....	1843	Koenig Medical University		Munich, Germany.
Netrower, J. M	1887	H.H.	Lost Springs	68	America	6				
Osborne, E. H	1885	R.	Peabody	54	"	.....	1852	Cincinnati Medical College		Cincinnati, Ohio.
Righter, C. C	1885	E.	Marion	58	"	26	1868	Minnesota State Medical Association.		
Richert, Peter	1892	H.	West Branch	42	Germany	10				
Rogers, J. W	1885	R.	Marion	44	America	.....	1848	University of Michigan		Ann Arbor, Mich.
						.....	1862			
Spence, F. H	1885	H.	"	28	"	.....	1889	Homeopathic Medical College		Cleveland, Ohio.

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration	School of practice	Location.	Age	Nativity.	Years in practice	Year of graduation	College.	Place of graduation.
MARION COUNTY—*Concl.*:									
Smith, W. W	1885	H.	Peabody	35	America		1869	Homeopathic Medical Society	Dayton, Ohio.
Schlehuber, A.	1885	H.	Hillsboro	50	Germany		1875	Goettingen Medical College	Germany.
Seybold, Chas. J	1885	E.	Peabody	37	America			Chicago " "	Chicago, Ill.
Schlepple, Charles	1886	H.	Hillsboro	45	Russia				
Schneider, Jacob	1890	R.	Lehigh	44	"		1864	Saratow Medical College	Russia.
Werthner, J.	1885	R.	Lincolnville	32	America		1882	Miami " "	Cincinnati, Ohio.
Weber, C. H.	1885	H.	Lehigh	34	Germany		1880	Starling " "	Columbus, Ohio.
Whittecar, O. B.	1887	R.	Peabody	37	America		1887	Worcester University	Ohio.
Warner, G. P.	1892	R.	Marion				1883	Iowa State University	Iowa.
Youngkin, —	1885	R. E.	Florence	61	America.				
Herford, W. C.	1893	R.	Lincolnville	29	"		1892	Starling Medical College	Columbus, Ohio.
Leedom, H. F.	1893	R.	Lost Springs	26	"			Ensworth " "	St. Joseph, Mo.
Marner, M.	1892	R.	Marion		"		1883	Iowa University	Iowa City, Iowa.
Midwives:									
Cross, Mary A.	1886	M.	Marion	42	America.				
Hansen, Stine	1885	M.	"	47	Denmark	13			
Isaac, Susie	1891	M.	Lehigh		Germany		1891	Newland Midwifery College	
Mouser, E. A.	1886	M.	Peabody	49	America		1878		
Steebens, Catharina	1885	M.	Lehigh	46	Russia.				
Shanklin, Nancy	1886	M.	Marion	68	America.				
Schupple, Mary	1886	M.	Hillsboro	46	Russia.				
Schwandt, Dorothy	1890	M.	Canada	60	"				
Smith, C. W.	1886	M.	Lincolnville	65	America.				
Scheaffer, Louissa	1885	M.	Lehigh	35	Germany			Stuttgardt.	
Eitzen, Sarah	1889	H.	Hillsboro	49	Russia	15			
Foth, Florentine	1889	H.	"	47	"	17			
MARSHALL COUNTY:									
Baldwin, M. B.	1885	R.	Clear Fork	56		25	1848		Castleton.
Brawley, M. A.	1885	R.	Frankfort	36	Ohio	12	1873	Medical and Surgical College	Cincinnati, Ohio.
Birdsell, J. C.	1885	R.	"	60		40			
Craft, R. S.	1885	E.	Blue Rapids	54		33			
Colman, C. H.	1891	R.	Oketo	34	Germany	1	1885	Missouri Medical College	St. Louis, Mo.
Chambers, J. W.	1885	R.	"	35	America	11	1874	University of Michigan	Ann Arbor, Mich.
Cole, C. A.	1885	R.	Axtell	31	"	4½	1881	Hospital Medical College	St. Joseph, Mo.
Eyeman, J. L.	1887	R.	Bigelow	30	"	1	1887	Northwestern Medical College	" "
Edwards, A. G.	1885	R.	Marysville	49	"	24	1891	University Medical College	Kansas City, Mo.
Fillmore, R. S.	1885	R.	Blue Rapids	30	"	3	1883	Missouri Medical College	St. Louis, Mo.
Fuget, D.	1885	R.	Vermillion	46	"	22			
Humfreville, H.	1885	R.	Waterville	32	"	11	1875	Kentucky School of Medicine	Louisville, Ky.
Humfreville, D. W.	1885	R.	"	43	"	21	1864	Ohio Medical College	Cincinnati, Ohio.
Hardy, C. W.	1885	R.	"	33	"	4	1878	Missouri Medical College	St. Louis, Mo.

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Hawkins, R	1885	R.	Marysville	26	Canada		1885	Rush Medical College	Chicago, Ill.
Ham, W. E	1885	R.	Beattie	27	America	3	1882	" " "	"
Hunter, William	1885	R.	Blue Rapids	35	"	6	1879	Hospital Medical College	St. Joseph, Mo.
Julien, J. K	1885	E.	Marysville	38	"	13	1872	Indiana " "	Indianapolis, Ind.
Joyce, W. J	1887	R.	Vermillion	32	"	7	1880	College Physicians and Surgeons	Baltimore, Md.
Johnston, William	1891	R.	Summerfield	27	"	2	1888	Missouri Medical College	St. Louis, Mo.
Murphy, J. W	1885	R.	Blue Rapids	29	"	1	1875	Rush " "	Chicago, Ill.
Oswolt, J	1885	H.	Irving	48	"	8			
Penington, W. R	1887	R.	Beattie	30	"	3	1882	Hospital Medical College	St. Joseph, Mo.
Redding, Harry	1891	R.	Vermillion	27	"	2	1888	Missouri " "	St. Louis, Mo.
Seaman, G. A	1885	R.	Marysville	44	Canada	7	1878	Keokuk " "	Keokuk, Iowa.
Strayer, William	1885	R.	Beattie	33	America	5	1878	Starling " "	Columbus, Ohio.
Slaugstron, O	1891	H.	Waterville	60	Sweden	22			
Teager, C	1885	R.	Home	35	America	3	1883	Medical University	Iowa.
Tayes, R. L	1891	R.	Herkimer	37	"	17	1870	Missouri Medical College	St. Louis, Mo.
Van Wald, G	1885	H.	Marysville	40	Germany	13			
Van Vleet, J. R	1891	R.	Frankfort	38	Canada		1891	Ensworth Medical College	St. Joseph, Mo.
Webster, C. S	1885	E.	Marysville	39	America	6	1880	Eclectic " "	Pennsylvania.
West, G. M	1885	E.	Irving	42	"	10			
Whitaker, R. D	1887	H.	Frankfort	49	"				
Winchester, Wm	1887	R.	"	55	"	29	1889	Rush Medical College	Chicago, Ill.
Wilson, E. L	1885	E.	Marysville	47	Canada	24		Kings College	Canada.
Midwives:									
Collins, Sabin	1885	M.	Bigelow	40	America.				
Earnest, E	1885	M.	Frankfort	35	Germany.				
Owen, C. E	1885	M.	Bigelow	35	America				
Phillipi, Jane	1886	M.	Wells twp	43	"				
Vinson, E	1886	M.	Marysville	30	"				
McPherson County:									
Baird, A. W	1885	E.	Marquette	34	America	9	1879	Licentiate State Board of Examiners	Kansas.
Berquist, G. E	1885	R.	Lindsborg				1887	Louisville University.	
Bliss, E. C	1888	R.	Windom	28	America	3	1888	Rush Medical College	Chicago, Ill.
Bear, D. C	1892	R.	Moundridge	34	Illinois	5	1887	University of Vermont	Burlington, Vt.
Brubaker, A. D	1892	R.	Canton	42	America	13	1880	Kentucky School of Medicine.	
Breman, M. N	1891	H.	Roxbury	32	"	½		Hahnemann Medical College	Chicago, Ill.
Eversole, J. H	1885	E.	Moundridge		"		1869	Eclectic " Institute	Cincinnati, Ohio.
Engborg, Andrew	1890	R.	McPherson	26	"	5	1886	Bellevue " College	New York city.
Folks, R. H	1892	R.	"	37	Ohio	8	1889	Medical Department Wooster University.	
Graves, J. S	1886	R.	Inman	25	America		1885	College Physicians and Surgeons	Keokuk, Iowa.
Hall, J. C	1892	R.	Conway	33	"	5	1887	Kansas City Medical College	Kansas City, Mo.
Haury, S. S	1889	R.	Moundridge	41	Germany	8	1889	St. Louis " "	St. Louis, Mo.
Knowles, R. W	1885	R.	Galva	48	America	7		Kansas City " "	Kansas City, Mo.
Kalb, J. C	1886	R.	Canton	54	"	32	1851	Starling " "	Columbus, Ohio.
Mannuel, Frankie	1891	E.	McPherson	38	"	6	1891	American " "	St. Louis, Mo.
Matchette, G. H	1891	E.	"	39	"	16	1878	" " "	"
Murphy, W. W	1892	R.	"	45	Canada	25	1876 1884	Missouri " " Bellevue Hospital Medical College	" New York city.
Porter, C. J	1892	R.	Galva	38	America	14	1878	Rush Medical College	Chicago, Ill.
Richardson, F	1891	H.	Windom	38	"	13			
Rose, L. P	1890	R.	Elyria	32	"	16	1890	Louisville Medical College	Louisville, Ky.
Rouze, Joseph E	1887	R. E.	McPherson	40	"	16	1885	Drake University	Des Moines, Iowa.

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
McPHERSON COUNTY—*Concl.*:									
Simpson, R. S.	1886	R.	McPherson	45	America	16	1867	University of Michigan	Ann Arbor, Mich.
Sonnes, J. F.	1892	R.	Lindsborg	28	"	3	1887	Rush Medical College	Chicago, Ill.
Salthouse, H. G	1892	R.	McPherson	33	"	10	1882	Starling Medical College	Columbus, Ohio.
Thompson, E. K	1888	H.	"	27	"	5	1888		Chicago, Ill.
Waugh, A. F.	1886	H.	"	47	"	15		Hahnemann Medical College	" "
Blake, J. H.	1883	R.	Inman	31	"	1	1893	Medical College	Kansas City, Mo.
Clement, W. R.	1893	R.	Marquette	25	"	1½	1892	Louisville University	Louisville, Ky.
Dean, Geo. R.	1882	E.	Windom	....	"	....		American Medical College	St. Louis, Mo.
Cheney, E. R.	1893	H.	Canton	23	"	3	1891	Medical College	Kansas City, Mo.
Gaede, G	1893	H.	Moundridge	48	Russia	25		Homeopathic Medical College	" "
Hedinger, Chas.	1893	R H.	Canton	71	Germany	47	1844		Gottingen, Germany.
Tull, G. A	1893	R.	Windom	24	America	1		Keokuk Medical College	Keokuk, Iowa.
Somes, J. F.	1892	R.	Lindsborg	28	"	3	1889	Kentucky School of Medicine	Louisville, Ky.
Sams, C. E.	1892	E.	Inman	23	"	....		American Medical College	St. Louis, Mo.
Youman, J. P.	1893	.....	Moundridge	40	"	15	1878	Burnett and Rush Medical Colleges	Chicago, Ill.
Midwives:									
Carlson, T.	1888	M.	Lindsborg	49	Sweden	10			
Abrahams, Anna	1892	M.	Sparta	40	Germany	5			
Ehrlich, Margaret	1894	M.	Inman	....	Russia	5			
Hodges, S. B.	1892	M.	Roxbury	....		30			
Hempsted, A. C.	1892	M.	McPherson	58	America	30			
Loygrin, R. L.	1892	M.	Marquette	40	Sweden	9			
Unruh, Eva	1893	M.	Moundridge	50	Russia	30			
Weiblen, A. M.	1892	M.	Spring Valley	55	Switzerland	33			
MEADE COUNTY:									
Button, C.	1886	R.	Meade	30	Indiana	6	1882	Central College Physicians and Surgeons	Indianapolis, Ind.
Riney, J. M	1889	R.	"	49	Kansas	16	1880	College Physicians and Surgeons	Keokuk, Iowa.
Selvidge, L. B.	1892	R.	"	38	Missouri	9	1884	Missouri Medical College	St. Louis, Mo.
MIAMI COUNTY:									
Ball, J. M. D.	1885	R.	Paola	59	America	35	1851	Iowa Medical College	Keokuk, Iowa.
Campbell, F.	1885	R.	Osawatomie	28	Canada	2	1883	University of Michigan	Ann Arbor, Mich.
Day, S. A.	1885	R.	"	31		4	1880	Kansas City Medical College	Kansas City, Mo.
Hoagland, E.	1885	H.	Somerset	55	New Jersey	21		Homeopathic Medical Society of Kansas.	
Hoover, W. D.	1885	R.	Paola	51	America	31		Kansas State Certificate.	
Haldeman, J. H.	1885	R.	"	28		2	1883	Jefferson Medical College	Philadelphia, Pa.
Johnson, D. H.	1885	R.	"	57	America	31		State Certificate.	
Jones, J. H.	1885	E.	New Lancaster	59		33		" "	
Mott, D. V.	1885	E.	Paola	31	America	4	1883	American Medical College	St. Louis, Mo.
Potts, G. W.	1885	R.	New Lancaster	22	"	1½	1884	Jefferson Medical College	Philadelphia, Pa.
Price, S. F.	1891	R.	Beagle	27	"		1891	University of Michigan	Ann Arbor, Mich.

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Pace, E. C.	1891	E.	Osawatomie	32	America	4	1888	American Medical College	St. Louis, Mo.
Potter, Amos	1885	R.	Paola	50	"	28	1857	Ohio " "	Cincinnati, Ohio.
Porter, J. L.	1885	R.	"	30	"	4	1881	Rush " "	Chicago, Ill.
Riley, E. W	1885	R.	Louisburg	35	"	5	1880	Jefferson " "	Philadelphia, Pa.
Smith, B. R	1880	R.	Black	43	Indiana	18	1871	Starling " "	Columbus, Ohio.
Wilhoite, W. H.	1885	E.	Paola	45	America	21	1882	American " "	St. Louis, Mo.
Walthall, —	1886	R.	"	26	Kansas	4	1883	University of Michigan	Ann Arbor, Mich.
Walthen, L. J	1888	H.	"	39	Massachusetts	7	1888	Chicago Homeopathic College	Chicago, Ill.
Bias, M. S.	1893	R.	Hillsdale	37	America	6	1887	University of Louisville	Louisville, Ky.
Moore, Hattie	1893	R.	Bucyrus	21	"		1892	Women's Medical College	Philadelphia, Pa.
Morrison, P. J	1893	R.	Hillsdale	45	Canada		1869	University of Michigan	Ann Arbor, Mich.
MITCHELL COUNTY:									
Antrobus, B.	1885	R.	Beloit	50	America	21	1876	Ohio Medical College	Cincinnati, Ohio.
Asmoin, Mrs. Mary	1892	H.	"	66	"	40			
Brewer, E. E.	1892	R.	"	33	"		1892	University Medical College	Kansas City, Mo.
Battey, G. S.	1893	R.	Glen Elder	37	"	16			
Borst, M.	1886	R.	" "	31	"	8	1880	Keokuk Medical College	Keokuk, Iowa.
Cranshaw, J. R.	1892	R.	Tipton	49	England	23	1866	McGill " "	Montreal, Can.
Daniels, A. P.	1892	R.	Scottsville	23	America	1	1892	Chicago " "	Chicago, Ill.
Daily, F. M.	1885	R.	"		"	7	1878	Keokuk " "	Keokuk, Iowa.
Elder, John		H.	Glen Elder	41	"	5	1880	Homeopathic Medical College	St. Louis, Mo.
Home, Franklin B	1892	H.	Beloit	48	"	20	1872	Hahnemann " "	Chicago, Ill.
Hinton, Geo. A.	1892	E.	"	35	"	15	1890	Iowa Eclectic " "	Des Moines, Iowa.
Houtz, Orlando	1886	E.	Glen Elder	33	"	16		Bennett " "	Chicago, Ill.
Lobdell, Mary J.	1885	R.	Beloit	37	"	14	1884	Woman's Hospital Medical College	"
Lawrence, W. H.	1887	E.	Victor	50	"	22			
Morse, Eugene		R.	Glen Elder	40	"	10	1875	Detroit Medical College	Detroit, Mich.
Mason, E. G.	1885	E.	Cawker City	30	"		1885	Eclectic Medical Institute	Cincinnati, Ohio.
O'Brien, D. S	1885	R.	Beloit	27	"	5	1880	Rush Medical College	Chicago, Ill.
Record, T. E.	1887	R.	"	33	"		1882	Chicago Medical College	"
Swigart, I. R.	1885	R.	"	38	"	8	1877	Cincinnati College Medicine and Surgery	Cincinnati, Ohio.
Smith, Geo. W.	1886	E.	Simpson	45	"	6	1879	American Eclectic Medical College	"
Shambaugh, Adam		E.	Glen Elder	70	"	35		Iowa State University	Iowa City, Iowa.
Lacrete, C. A.	1893	R.	Scottsville	38		14	1879	Montreal Medical College	Montreal, Can.
Simpson, G. W.	1893	R.	Simpson	35		10	1881	College of Medicine and Midwifery	Indiana.
Spessard, M. R.	1893	R.	Glen Elder	25			1893	Marion-Sims College.	
Thompson, J. K.	1885	R.	Ingalls			25			
Midwives:									
Staley, Helen A.	1893	M.	Glen Elder	57	Canada	30			
Topp, Jane	1886	M.	Beloit	35	America	5			
Wilms, Mary	1892	M.	"	56	Germany	15			
Zigler, Lydia J.	1892	M.	Blue Hill	56	America	32			
MONTGOMERY COUNTY:									
Andrews, T. F.	1888	E.	Liberty	43	West Virginia	18	1865	Eclectic Medical Institute	Cincinnati, Ohio.
Akers, E. D	1888	H.	Coffeyville	35	Illinois	18	1875	Detroit Homeopathic College	Detroit, Mich.
Applegate, A. J	1892	E.	Cherry Vale	51		28			
Banta, H. M.	1890	E.	Rutland	56	Indiana	14	1856	St. Louis Medical College	St. Louis, Mo.
Busby, A. L.	1887	E.	Independence		Missouri	22		Kansas City Medical Institute	Kansas City, Mo.
Berryman, G. Q.	1887	R.	Elk City	52	"	22	1865	Cincinnati Medical College	Cincinnati, Ohio.
Bradley, Henry	1888	P. M.	Fawn	41	Indiana	18	1881	Physio-Medical College	Marion, Ind.

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
MONTGOMERY COUNTY—*Con.*:									
Bradley, Eliza	1888	P. M.	Fawn	39	Ohio	6	1882	Physio-Medical College	Marion, Ind.
Brooks, B. D.	1892			36	"				
Blank, J. T.	1892	E.	Elk City	26	West Virginia	5	1890	Eclectic Medical College	Cincinnati, Ohio.
Booker, W. P.	1892	R.	Caney	42	Illinois	12			
Crispell, E. W.	1888	R.	Coffeyville	41	New York	16	1869		
Compton, B. F.	1888	E.	"	48		26	1862		
Chaney, G. C.	1888	E.	Independence	58	Pennsylvania	26			
Caldwell, J. J.	1888	E.	Crane	47		12	1882	A. A. Association	St. Louis, Mo.
Cormack, W. A.	1889	E.	Cherry Vale	47	Michigan	12	1874	Chicago Medical College	Chicago, Ill.
Campbell, C.	1889	E.	"	51	West Virginia	25			
De Vere, J. G.	1888	R.	Caney	29	Iowa	6	1883	Rush Medical College	Chicago, Ill.
Davis, J. T.	1888	R.	Independence	32	Indiana	8	1879	University of Michigan	Ann Arbor, Mich.
Ezell, W. D.	1892	R.	Coffeyville	32	"	5	1885	University Medical College	New York city.
Fuller, W.	1889	H.	Cherry Vale	46	Michigan	25	1864	University of Michigan	Ann Arbor, Mich.
Frazier, T. C.	1889	R.	Coffeyville	44	Missouri	18		Louisville Medical College	Louisville, Ky.
Gard, J. F.	1885		Cherry Vale	57	Illinois	20			
Garr, L. C.	1889	R.	Independence	56	Kentucky	35	1851	Kentucky School of Medicine	Louisville, Ky.
Hutchinson, Charles	1889	H.	Cherry Vale	51	Virginia	15	1878	Hahnemann Medical College	Chicago, Ill.
Hood, C. O.	1889	R.	Independence	29	Indiana	7	1879	Indiana " "	Indianapolis, Ind.
Hall, H. C.	1889	R.	Coffeyville	27	Ohio		1885	Baltimore " "	Baltimore, Md.
Kesslar, J. J.	1888	R.	Cherry Vale	34	Iowa	15	1871	Bellevue " "	New York city.
Kelly, W. B.	1888	H.	Independence	52	"	27	1858	Keokuk " "	Keokuk, Iowa.
Mastermann, B. F.	1888	R.	"	41	New York	18	1881	Cincinnati " "	Cincinnati, Ohio.
McVay, J. G.	1888	R.	Elk City	31	Ohio		1870	" " "	" "
McCulley, W. A.	1888	R.	Independence	48	"	23	1862	Ohio " "	" "
O'Rear, R. F.	1885	R.	"	54	Illinois	20	1865	Indiana " "	Indianapolis, Ind.
Otwell, L. S.	1885	R.	Coffeyville	54	"	20	1865	" " "	" "
Otwell, C. W. M.	1888	R.	Independence	52	Indiana	24	1865	Ohio " "	Cincinnati, Ohio.
Otwell, E. S.	1888	R.	"	49	"	24	1876	Indiana " "	Indianapolis, Ind.
Owans, W. H.	1888	R.	Elk City	40	Kentucky	14	1877	Louisville " "	Louisville, Ky.
Paxson, C. C.	1888	R.	Rutland	57	Illinois	32	1853	Ball's Medical Institute	Terre Haute, Ind.
Pichler, John	1892	R.	Cherry Vale	44	Austria	22	1886	Vienna Medical College	Vienna, Austria.
Rader, John A.		E.	Caney	27	Indiana	3	1890	Eclectic Medical Institute	Cincinnati, Ohio.
Reynolds, Francis	1888	E.	Havana.						
Sherman, L. D.	1888	R.	Fawn	53	Vermont	30	1854	Castleton Medical College	Castleton, Vt.
Stone, J. J.	1888	H.	Caney			6			
Stephens, T. A.	1888	R.	Havana	29		5	1881	Missouri Medical College	St. Louis, Mo.
Tallman, J. G.	1888	R.	Coffeyville	61		30		Jefferson " "	Philadelphia, Pa.
Taylor, A. M.	1888	H.	Caney	42	Indiana	12			
Wood, John A.	1888	R.	Coffeyville	62	West Virginia	20		Miami Medical College	Cincinnati, Ohio.
Wells, W. H.	1888	R.	"	46	Kentucky	15	1875	Indiana " "	Indianapolis, Ind.
Whittier, C. A.	1890	E.	Cherry Vale	54	Massachusetts	28	1859	Eclectic " "	Philadelphia, Pa.

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Busby, A. J	1892	E.	Independence	63	America	33				
Henston, T. W	1893	A.	Liberty	47	"	23	1869	Rush Medical College	Chicago, Ill.	
Ryan, James W	1893	R.	Coffeyville	30	"	5	1888	Ohio " "	Cincinnati, Ohio.	
Ryan, T. H	1893	R.	"	26	"	½	1893	Leonard " "	Rolla, N. C.	
Snyder, J. W	1893	R.	Lay	56	"	19	1879	Eclectic " "	Kansas.	
Tillison, C. K	1893	R.	Jefferson	24	"	1	1893	Northwestern Medical College	St. Joseph, Mo.	
Midwives:										
Blancett, Sarah E	1888	M.	Independence	52	Ohio	24				
Brooks, Margaret	1892	M.	Havana	53	Illinois	5				
De Armond, Amanda	1888	M.	Independence	46	Ohio	20				
Hicks, Laura	1892	M.	Coffeyville	50	Michigan	14				
Hambleton, Jane	1888	M.	Radical	37	New York	11				
Lytle, Ellen	1888	M.	Cherry Vale	57	Arkansas	16				
Overturf, Malinda	1892	M.	" "	60	Illinois	23				
Bowen, H. C	1893	M.	Deering	47	America	22				
Scott, Sarah	1893	M.	Independence	54	"	26				
Wilson, Axie	1892	M.	"	80	"	13				
MORTON COUNTY:										
McGowen, J. C	1893	R.	Richfield	66	America	44				
MORRIS COUNTY:										
Harvey, Z. T	1894	R.	Council Grove	46	America	25	1883	Physicians and Surgeons	Chicago, Ill.	
Knowles, H. S	1894	H.	" "	63	"	35	1874 1879	Hahnemann College Homeopathic College	" " " "	
NEMAHA COUNTY:										
Anderson, G. H	1887	H.	Seneca	26	America	1	1896	Hahnemann Medical College	Chicago, Ill.	
Anderson, Alice G. H	1887	H.	"	30	"	1	1866	" "	" "	
Best, A. J	1885	R.	Centralia	38	Canada	10	1876 1880	Missouri " " College Physicians and Surgeons	St. Louis, Mo. Keokuk, Iowa.	
Brown, J. H	1891	R.	Wetmore	35	America	5	1885	Ohio Medical College	Cincinnati, Ohio.	
Corwin, S. A	1891	R.	Goffs	31	"	6	1890	University Medical College	Kansas City, Mo.	
Deaver, Henry J	1892	R.	Sabetha	27	"	1	1892	Starling " "	Columbus, Ohio.	
Everhard, J. J	1890	R.	Seneca	61	"	33	1857	Rush " "	Chicago, Ill.	
Fitzgerald, D. W	1886	R.	Wetmore	33	"	8	1880	College Physicians and Surgeons	Keokuk, Iowa.	
Graham, J. W	1885	R.	"	39	"	17	1882	Northwestern Medical College	St. Joseph, Mo.	
Gaston, J. H	1892	R.	Sabetha	48	"	20	1872	Miami " "	Cincinnati, Ohio.	
Hayes, N	1885	R.	Seneca	40	"	9	1876	Georgetown University	District of Columbia.	
Hidden, John S	1885	R.	Centralia	65	"	39	1846	Dartmouth Medical College	Hanover, N. H.	
Haigh, J	1885	R.	Granada	34	"	5	1881	Northwestern " "	St. Joseph, Mo.	
Haynes, W. A	1885	R.	Sabetha	33	"	4	1881	University of New York	New York city.	
Irwin, George E	1885	E.	"	58	"	30	1855	Missouri Medical College	St. Louis, Mo.	
Kelly, B. C	1887	H.	Seneca	26	"	⅔	1887	Hahnemann Medical College	Chicago, Ill.	
Lesh, John F	1885	R.	"	32	"	9	1876	University of Pennsylvania	Philadelphia, Pa.	
Lyon, O. Z	1885	H.	Sabetha	43	"	19	1874	Homeopathic Medical College	Cincinnati, Ohio.	
Livingstone, Gibson C	1887	R.	Seneca	38	"	12	1875	Missouri " "	St. Louis, Mo.	
Magill, I. N	1885	R.	Corning	24	"	1½	1884	Medical University	Kansas City, Mo.	
Murdock, Samuel	1885	R.	Oneida	44	"	17	1876	College Physicians and Surgeons	Keokuk, Iowa.	
McKay, N. B	1885	R.	America City	59	"	.....	.....	State Boards of Health	Illinois and Kansas.	
Neiman, E. M	1885	R.	" "	49	"	19	.....	University of Pennsylvania	Philadelphia, Pa.	
Reding, Harry	1888	R.	Sabetha	26	"	.....	1888	Missouri Medical College	St. Louis, Mo.	

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REGISTRATION OF PHYSICIANS AND MIDWIVES — 1893 — CONTINUED.

NAME AND COUNTY.	Year of registration	School of practice	Location.	Age	Nativity.	Years in practice	Year of graduation	College.	Place of graduation.
NEMAHA COUNTY—*Concl.*:									
Snyder, Alvin	1885	R.	Seneca	38	America	12½	1873	Missouri Medical College	St. Louis, Mo.
Slosson, Emily B	1886	R.	Sabetha	35	"	11	1875	Woman's " "	Philadelphia, Pa.
Stivers, C. C	1892	R.	Baileyville	29	"	5	1892	College Physicians and Surgeons	Keokuk, Iowa.
Thompson, V. P	1885	R.	Corning	38	"	11			
Troughton, W. F	1885	R.	Seneca	49	England	23	1865	St. Thomas Hospital College	London, England.
Wileman, Thos. H	1889	R.	"	59	America	29		Chicago Medical College	Chicago, Ill.
Waggener, J. A	1889	R.	Bern	37	"	14	1876	Louisville " "	Louisville, Ky.
Welsh, H. G	1889	R.	"	33	"	9	1880	Jefferson " "	Philadelphia, Pa.
Bullard, E. W	1885	E.	Seneca	50	"	25	1877	American " "	St. Louis, Mo.
Addoms, C. C	1893	R.	Corning	41	"	10	1883	Medical College	St. Joseph, Mo.
Cunningham, D. D	1893	R.	Bern	31	"	1	1892	University	Ann Arbor, Mich.
Busch, P. T	1893	R.	"	41	"	10	1877	Central Medical College	Ohio.
Winter, W. S	1893	R.	Baileyville	38	"	8	1890	Regular University	Cleveland, Ohio.
NEOSHO COUNTY:									
Brown, Geo. H	1886	R.	Chanute	48	America	18	1886	University of Kansas City	Kansas City, Mo.
De Moss, J. A	1886	R.	Thayer	34	"	11	1875	College Physicians and Surgeons	St. Louis, Mo.
Edwards, O. M	1886	R.	Chanute	56	"	36			
Ferguson, J. W	1885	R.	Thayer	44	"	21			Cincinnati, Ohio.
Fletcher, C. G	1885	H.	Erie	37	"	12	1881	Pulte Medical College	" "
Follett, P	1892	H.	Chanute	27	"	7	1886	Chicago Homeopathic College	Chicago, Ill.
Hickey, J. F	1886	R.	"	48	"	25	1871	Indiana Medical College	Indianapolis, Ind.
Haynes, L. D	1886	R.	Erie	37	"	14	1892	Kansas City Medical College	Kansas City, Mo.
Iles, W. A	1886	R.	Urbana	48	"	11	1888	Kansas City University	" "
Jones, J. R	1886	R.	Chanute	55	"	35	1859	Missouri Medical College	St. Louis, Mo.
Lemon, J	1888	R.	Erie	55	"	26	1883	College Physicians and Surgeons	Joplin, Mo.
Lake, M. E	1890	R.	"	34	"	12	1885	Indiana Medical College	Indiana.
Light, J. H	1885	H.	Chanute	47	"	25	1887	Pulte " "	Cincinnati, Ohio.
Molesworth, J	1885	R.	Osage Mission	47	"	11	1876	College Physicians and Surgeons	Keokuk, Iowa.
Perdue, H. C	1885	E.	Erie	72	"	47	1842	McDowell College	St. Louis, Mo.
								St. Joseph Medical College	St. Joseph, Mo.
Postlewaite, Wm	1886	R.	Chanute	73	"	44	1849	University of Louisville	Louisville, Ky.
Steinberger, Ira	1885	E.	Erie	50	"	27	1880	American Medical College	St. Louis, Mo.
Woodward, A	1885	R.	Chord	60	"	21		Licentiate Kansas State Board.	
NESS COUNTY:									
Burns, J. S	1885	E.	Ness City	48	Missouri	12	1881	Kansas Medical Association	Topeka, Kas.
Hawkins, T	1889	H.	"	44	Ohio	15	1874	Cincinnati Medical College	Cincinnati, Ohio.
Taylor, H	1890	E.	Utica	42	"	19	1870	College of Medicine and Surgery	Ohio.
Venard, J. N	1885	R.	Ness City	37	Indiana	12	1878	Rush Medical College	Chicago, Ill.
Yingling, W. A	1890	H.	Nonchalanta	39	Maryland	14	1890	Homeopathic Medical College	Kansas City, Mo.
Green, M	1889	H.	Bronnall	43	America	26	1890	State Board of Examiners	Topeka, Kas.

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NORTON COUNTY:										
Bronson, Geo. W	1885	R.	Almena	50	America	25				
Coons, C. V	1886	E.	Oronoque	29	"	4		Eclectic Medical College		Cincinnati, Ohio.
Drown, M. W	1886	R.	Lenora	29	"	4	1882	Northwestern Medical College		
Haworth, A. S	1892	E.	Almena	30	Iowa	2		Eclectic " "		Des Moines, Iowa.
Jones, N. L	1885	R.	Norton	29	Indiana	3	1882	Rush " "		Chicago, Ill.
Little, W. D	1885	R.	"	36	Michigan	12		Detroit " "		Detroit, Mich.
Rumsey, F. B	1886	R.	Almena	33	America	7	1882	University of Iowa		Iowa City, Iowa.
Reaves, Ira H	1886		"	41	"	4	1886	American Health College		Cincinnati, Ohio.
Strickler, J. T	1887	R.	Edmond	40	"	22		Cincinnati Medical College		" "
Turner, E. M	1885	R.	Norton	44	Michigan	17		University of Michigan		Ann Arbor, Mich.
Thomas, J. M. S	1892	E.	Lenora		Indiana			Edison Medical College		Cincinnati, Ohio.
Youngman, S. C	1885	R.	Almena	29	America	2	1884	Omaha " "		Omaha, Neb.
Allen, E. T	1893	H.	Omaha, Neb.	38	"	12	1881	Homeopath Hospital College		Cleveland, Ohio.
Alsdurf, W. H	1893	E.	Lenora	53	"	25		Eclectic College		Cincinnati, Ohio.
English, J. E	1893	S.	Almena	41	"	21	1872	State Medical College		Richmond, Va.
Van Duy, A. H	1893	R.	"	26	"	4	1893	College Physicians and Surgeons		Chicago, Ill.
Midwives:										
Conarty, Mary M	1892	M.	Norton	41	Indiana	15				
Gowdy, Mary A	1885	M.	Almena	53	America	17				
Joseph, Jane	1888	M.	Rockwell City	56	"	14				
Mitchell, Nancy E	1890	M.	Norton	44	"	3				
Roper, M. M	1887	M.	Almena	48	"	10				
Stenger, Agatha	1886	M.	Lenora	53	Germany	25				
Wright, Albin J	1889	M.	Almena	41	America	15				
Millard, S. A	1887	M.	Edmond	48	"	14				
OSEGE COUNTY:										
Alexander, W. A	1887	R.	Melvern.							
Artz, Wm. B	1887	E.	Osage City.							
Ashby, W. E	1887	R.	Quenemo				1873	College Physicians and Surgeons		Keokuk, Iowa.
Averill, Monroe	1887	E.	Lyndon	39	Illinois	½	1887	Medical Department Drake University		Iowa.
Beasley, Albert	1885	R.	"			5	1882	Missouri Medical College		St. Louis, Mo.
Brown, Albert C	1885	R.	Osage City	51	New Jersey	15	1870	University of Pennsylvania.		Philadelphia, Pa.
Burrowes, H	1885	H.	Burlingame	57	New York	15				
Christy, D. D	1890	H.	Lyndon	60		26				
Ellis, J. B	1886		Carbondale				1887	American Medical College		St. Louis, Mo.
Ennis, J. M	1890	R.	Scranton	39	Kentucky	16	1872	School of Medicine		Louisville, Ky.
Furber, John Loring	1885	E.	Appanoose	51		22		Joplin Medical College		Joplin, Mo.
Haller, James	1885	R.	Burlingame	61	Ohio	34	1851	Cleveland Medical College		Cleveland, Ohio.
Heller, Joseph M	1886	R	Osage City	34	Pennsylvania	8	1877	Rush " "		Chicago, Ill.
Hoover, Christian	1885		Burlingame	75	Pennsylvania	47				
Kirby, Henry	1885	E.	Osage City							
Klingberg, Andrew	1888		"	50	Sweden	20	1869	Rush Medical College		Chicago, Ill.
Longley, E	1885	R.	Burlingame	40	Canada	19	1866	McGill " "		Montreal, Canada.
Manley, J. B	1892	E.	Quenemo	35	America	3	1889	Eclectic Medical Institute		Cincinnati, Ohio.
McNalley, M	1885	R.	Michigan Valley	42		15	1872	Detroit Medical College		Detroit, Mich.
Newlin, W. L	1892	R.	Overbrook	48	Indiana	20	1872	Eclectic Medical Institute		Cincinnati, Ohio.
Packer, E. B	1885	E.	Osage City			4		" " "		" "
Pickard, W. S	1889	R.	Burlingame	30	Illinois	4	1886	Chicago Medical College		Chicago, Ill.
Seabrook, Clarence C	1889	R.	"	34	Pennsylvania	11	1878	University of Pennsylvania		Philadelphia, Pa.
Sellards, A. B	1886	R.	Scranton	41	Kentucky	12	1875	Miami Medical College		Cincinnati, Ohio.

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REGISTRATION OF PHYSICIANS AND MIDWIVES — 1893 — CONTINUED.

NAME AND COUNTY.	Year of registration	School of practice	Location.	Age	Nativity.	Years in practice	Year of graduation	College.	Place of graduation.
OSAGE COUNTY — *Concl.:*									
Sellards, A. W.	1885	R.	Scranton	34	Kentucky		1877	Miami Medical College	Cincinnati, Ohio.
Swallow, H. Heaton	1889	R.	Carbondale	33	Ohio	6	1884	Starling Medical College	Columbus, Ohio.
Whitman, James K.	1887	E.	Arvonia	36	"	5	1886	Drake University	Des Moines, Iowa.
Sweezey, J. J.	1885	R.	Lyndon	25			1883	University of Michigan	Ann Arbor, Mich.
Zane, Thomas M.	1891	R.	Osage City	38	Indiana	15	1877	Missouri Medical College	St. Louis, Mo.
Midwives.									
Farley, J. E.	1885	M.	Melvern	50		12	1882	American Medical College	Cincinnati, Ohio.
Hoover, Mary	1885	M.	Burlingame	80	Pennsylvania	25			
Kirby, E. A	1885	M.	Osage City.						
Kunkle, Martha A	1885	M.	Melvern	53					
Peterson, Anna	1887	M.	Osage City	71	Sweden	25			
OSBORNE COUNTY:									
Chilcott, B. F	1887	R.	Osborne	27	America	1	1886	Jefferson Medical College	Philadelphia, Pa.
Dillon, A. C		R.	"	41	"	15	1870		Cleveland, Ohio.
Fallis, J. M	1885	R.	Waldo	37	"	7	1878	St. Joseph Medical College	St. Joseph, Mo.
Henshall, E. O	1885	R.	Portis	29	"	2	1885	Rush " "	Chicago, Ill.
Hill, Malcomb	1885	R.	Alton	43	"	5	1880		
Hudson, Millard F.	1885	R.	Osborne	37	"	12	1878	Michigan University	Ann Arbor, Mich.
Jones, J.	1885	R.	Downs	61	"	26	1859	Jefferson Medical College Cumberland Medical College	Philadelphia, Pa. Tennessee.
Maher, Margaret	1892	R.	"	43	"	10	1891	Ensworth " "	St. Joseph, Mo.
Poole, J. G.	1885	R.	"	36	"	6½		College Physicians and Surgeons	Keokuk, Iowa.
Reynolds, Seth	1887	R.	Round Mound	37	"	8			
Shearer, Oliver F	1885	R.	Downs	28	"	2	1883	Jefferson Medical College	Philadelphia, Pa.
Thompson, Mrs. A. A.	1892	H.	Osborne	42	"	20	1872	Hahnemann Medical College	Chicago, Ill.
Tilden, D. E.	1885	E.	Bloomington	67	"	33			
Cross, J. W.	1893	R.	Natoma	26	"	1	1893	Northwestern	St. Joseph, Mo.
Hudson, R. D	1893	R.	Alton	45	"	14	1879	University of Pennsylvania	Philadelphia, Pa.
Midwives.									
Briery, Mrs. J. G.	1889	M.	Twin Creek	58	America.				
Gregory, Rebecka	1885	M.	Mount Ayr	56	"	9			
OTTAWA COUNTY:									
Aslin, C. B.	1892	.....	Lamar	22	Ohio	2	1892	Ohio Medical College	Cincinnati, Ohio.
Brewer, Joseph F.	1891	R.	Minneapolis	36	"	2	1889	University Medical College	Kansas City, Mo.
Boyce, Nelson V.	1888	R.	Bennington	30	"	1	1888	Ohio " "	Cincinnati, Ohio.
Crosthwaite, B. H.	1886	R.	"	33	Pennsylvania	6	1879	College Physicians and Surgeons	Keokuk, Iowa.
Crosly, E.	1885	.....	Minneapolis	65		31			
Clark, C. D.	1885	H.	"	43		16	1867		
Hutchinson, B. D	1885	R.	Grover	69		42	1843		
Lehman, Clarence W	1893	R.	Ada	26	Ohio	3	1889	Ohio Medical College	Cincinnati, Ohio.

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Lutz, Ed. J.	1888	R.	Culver	27	Pennsylvania	4	1884	Baltimore University	Baltimore, Md.
Murphy, Lewis H	1888	R.	Minneapolis	46	Indiana	22	1870	Ohio Medical College	Cincinnati, Ohio.
MacClay, John	1887	R.	"	37	Pennsylvania	4	1882	Jefferson Medical College	Philadelphia, Pa.
Montgomery, Chas. J	1885		Lamar	59		38		State Eclectic Society.	
Miller, John	1886	H.	Minneapolis	44	Isle of Man	10	1886	Hahnemann Medical College	Chicago, Ill.
Payne, J. H.	1885	R.	Delphos	41	New York	20	1865	Burlington " "	Burlington, Vt.
Surber, C. C.	1885	R.	"	24	Missouri	1+	1884	Kansas City " "	Kansas City, Mo.
Brubaker, J. F.	1891	R.	Tescott	32	America	7	1885	Physicians and Surgeons	Baltimore, Md.
Clark, R. M.		H.	Ada	24	"	1	1893		Kansas City, Kas.
Campbell, W. M	1885	R.	Minneapolis	58	"	25	1860	College of Medicine	Cincinnati, Ohio.
Keys, L. H.	1885	R.	Delphos	59	"	30	1870	Wooster University.	
Wheat, Geo. W	1894	H.	Niles	44	"	12		Physicians and Surgeons	Keokuk, Iowa.
PAWNEE COUNTY:									
Arnold, W. M	1885	R.	Larned	49	America	25	1867	Medical and Surgical Institute	Keokuk, Iowa.
Cummins, J. M.	1885	R.	"	56	"	32	1858	Jefferson Medical College	Philadelphia, Pa.
Gamble, G. M	1885	R.	"	63	"	39	1878	" " "	" "
Ingels, J. B	1885	R.	"	35	"	15	1878	College Physicians and Surgeons	Keokuk, Iowa.
Ingels, Mrs. Allie	1886	R.	"	26	"				
Rhea, W. M	1885	R.	"	45	"	14	1869	University of Michigan	Ann Arbor, Mich.
Wheeler, B. E	1885	E.	"	47	"	15	1880		
PHILLIPS COUNTY:									
Bennis, A.	1885	R.	Long Island	32	Illinois	8	1885	University of Nebraska	Lincoln, Neb.
Burt, G. F.	1885	H. X.	Crow	58	Ohio	15			Battle Creek, Mich.
Brothers, H. D.	1886	R.	Phillipsburg	32	Iowa	8	1886	Omaha Medical College	Omaha, Neb.
Browning, A. L.	1892	R.	Agra		America	3	1889	College Physicians and Surgeons	Keokuk, Iowa.
Canfield, L. G	1892	R.	Phillipsburg	65	"		1887	Northwestern University	St. Joseph, Mo.
De Armon, Alex	1886	R.	Kirwin	62	North Carolina	34	1856	McDowell "	St. Louis, Mo.
Ensign, G. H.	1885	R.	"	40	Ohio	13	1879	Cleveland "	Cleveland, Ohio.
Ewart, Chas. R.	1887	R.	Logan	38	Pennsylvania	13	1879	Jefferson Medical College	Philadelphia, Pa.
Fuller, Albert	1887	R.	Kirwin	61	Connecticut	39	1879	Kansas State Board of Examiners.	
Houck, A. B.	1885	E.	Phillipsburg	48	Ohio	12			
Leven, W. G.	1892	R.	Marvin		America		1892	Northwestern Medical College	St. Joseph, Mo.
Lawrence, C. T.	1885	R.	Logan	65	Virginia	38	1857	Cincinnati " "	Cincinnati, Ohio.
Mallet, J. F.	1885	E.	Phillipsburg	36	Indiana	13			
Travis, L. M.	1885	E.	Marvin	62	"	30	1856	Eclectic Medical College	Cincinnati, Ohio.
Trusdale, R. H.	1885	R.	Kirwin	44	Ontario	22	1880	Kansas State Board of Examiners.	
Wallace, H.	1885	R.	Phillipsburg	36	Ohio	10	1877	College Physicians and Surgeons	Cincinnati, Ohio.
Davis, A. G.	1893	R.	Logan		America	1	1891	Northwestern College	St. Joseph, Mo.
Nelson, C. E.	1893	R.	Phillipsburg	34	"		1886		Cleveland, Ohio.
Midwives:									
Hackman, C.	1886	M.	Kirwin	49	Pennsylvania	12			
Shapley, Eleanor M	1893	M.	Logan			16			
POTTAWATOMIE COUNTY:									
Brill, A. H.	1885	E.	Louisville	50	Ohio	19	1871	Pulte Medical College	Cincinnati, Ohio.
Chilcote, S. B.	1885	R.	Garrison	32	America	7	1880		
Cave, T. R.	1891	R.	Westmoreland	39	Indiana	17	1874	Ohio Medical College	Cincinnati, Ohio.
Cotton, Mrs. Gertrude	1892	R.	"	26	"	9	1889	Woman's Medical College	Chicago, Ill.
Ennis, J. M.	1892	R.	"	42	Kentucky	20	1872	Louisville " "	Louisville, Ky.
Farrow, J. W.	1885	R.	Laclede	29	Pennsylvania	5	1885	Northwestern Medical College	St. Joseph, Mo.

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
POTTAWATOMIE CO.—*Concl.:*									
Hill, D. G	1889	H.	Wamego	29	Rhode Island	5	1889	Hahnemann Medical College	Chicago, Ill.
Hughes, B. M	1885	R.	Olsburg	32	Ohio	9	1876	Ohio " "	Cincinnati, Ohio.
Johnson, H. H	1885	R.	St. Clere	57	Germany	31	1884	Evansville " "	Evansville, Ind.
Jennings, J. M	1885	R.	Wamego	48	Ohio	13	1872	State University	Iowa City, Iowa.
Kocuntz, John P	1885	R.	Onaga	61	Holland	36	1848	Clinic of Amsterdam	Holland.
McMahan, A. A	1889	H.	Louisville	35	Ohio	5	.....	Hahnemann Medical College	Chicago, Ill.
Millard, M. A	1885	R.	Wamego	37	"	12	1873	Buffalo " "	Buffalo, N. Y.
McClellan, H. H	1885	R.	St. Mary's	31	Pennsylvania	8	1877	Ohio " "	Cincinnati, Ohio.
Miller, Geo	1885	R.	St. Mary's	32	New York	8	1877	University of Pennsylvania	Philadelphia, Pa.
Murrall, A	1885	R.	Wamego	56	South Carolina	20	1866	Rush Medical College	Chicago, Ill.
Morgan, M. M	1885	R.	Wamego	40	Indiana	14	1877	State " "	Illinois.
Murray, J. W	1885	R.	St. Clere	27	Tennessee	7			
Richardson, E. F	1885	R.	Havensville	23	America	2	1878	Kansas City Medical College	Kansas City, Mo.
Richardson, W. S	1885	R.	Havensville	37	Virginia	13	1869	Richmond " "	Richmond, Va.
Smith, A. D	1885	R.	Wamego	32	Indiana	7	1881	University " "	Louisville, Ky.
Stewart, J. W	1886	H.	Olsburg	46	New York	24	1861	Jefferson " "	Philadelphia, Pa.
Wilbolt, J. W	1885	R.	St. George	32	Kentucky	4	1885	Northwestern " "	St. Joseph, Mo.
Watt, J. S	1885	R.	Belvue	35	Pennsylvania	4	1881	Jefferson " "	Philadelphia, Pa.
Youngman, J. T	1885	R.	Moodyville	45	Indiana	12			
Midwives:									
Braman, L	1885	M.	St. Clere	63	New York	15			
Coleman, L. A	1888	M.	Garrison.						
Fowler, Betsy F	1886	M.	Blaine	56	New York	18			
Sherman, Mary	1885	M.	Wheaton	52	Canada	35			
PRATT COUNTY:									
Blackwell, Zadok T	1892	R.	Preston	34	America	5	1888	Kentucky School of Medicine	Louisville, Ky.
Christie, Ezra E	1885	R.	Cairo	26	"	5	1881	College Physicians and Surgeons	Keokuk, Iowa.
Dix, I. H	1889	H.	Pratt	52	"	25	1869	Western Homeopathic Medical College.	
Douthart, J. I	1885	R.	"	44	"	16	1871	College Physicians and Surgeons	Keokuk, Iowa.
Everson, W. H	1888	R.	"	37	"	15	1881	" " "	" "
Franklin, J. Herbert	1892	R.	"	27	"	1	1892	Rush Medical College	Chicago, Ill.
Gray, J. R	1885	R.	"	49	"	15	1871	College Physicians and Surgeons	Keokuk, Iowa.
McCoy, J. N	1886	R.	"	28	"	7	1879	" " "	" "
McElwain, Thomas	1885	R.	"	51	"	15	1863	American Medical College	St. Louis, Mo.
McMillan, R. N	1885	R.	Preston	35	"	10	1875	Louisville " "	Louisville, Ky.
Peak, Oscar L	1879	R.	Pratt	30	"	2½	1878	College Medicine and Surgery	Cincinnati, Ohio.
Sampson, G. W	1885	R.	Armistead	64	"	48	.....	College Physicians and Surgeons	Keokuk, Iowa.
Wheeler, F. H	1889	R.	Sawyer	30	"	6	1880	" " "	" "
Young, V. P	1889	R.	Cullison	34	"	11	1878	Rush Medical College	Chicago, Ill.
Midwives:									
Peak, E. Viola	1892	M.	Pratt	30	America	.....	1892	Woman's Medical College	St. Louis, Mo.

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RAWLINS COUNTY:									
Constable, J. I.	1885		Ludell	59	Virginia	30	1848	Illinois Medical College	Jacksonville, Ill.
Melugin, John N.	1887	R.	Atwood	33	America	3	1887	Keokuk " "	Keokuk, Iowa.
McErwin, W. C.	1887	R.	"	36	"	8	.....	College Physicians and Surgeons	" "
McLean, James	.....	.....	McDonald	38	"	13	1877	Fort Wayne Medical College	Fort Wayne, Ind.
Newsome, W. W.	1886	.....	Atwood	44	England	21	1863	College Physicians and Surgeons	Keokuk, Iowa.
Pickeral, J. F.	1891	R.	Herndon	27	America	5	1891	Rush Medical College	Chicago, Ill.
York, E. D.	1885	E.	Atwood	46	New York	20	.....	Eclectic Medical College	Kansas.
Greenlich, A. B.	1893	R.	Herndon	35	Germany	13	1868	.....	Heidelberg, Ger.
Midwives:									
Brown, Nancy	1889	M.	Ludell	38	America	12			
RENO COUNTY:									
Adams, F. P.	1885	R.	Haven	36	America	13	1873	Jefferson Medical College	Philadelphia, Pa.
Bacon, C. H.	1885	R.	Hutchinson	28	"	4	1882	Indiana " "	Indianapolis, Ind.
Brown, F. G.	1885	R.	"	42	"	19	1868	Missouri " "	St. Louis, Mo.
Bills, A. C.	1886	R.	Sylvia	28	"	1	1885	Iowa State University	Iowa City, Iowa.
Ballou, J. H.	1894	R.	Haven	31	"	9	1885	Medical Department, Columbia College	New York city.
Brehm, S. H.	1894	R.	Hutchinson	52	"	27	1886	Jefferson Medical College	Philadelphia, Pa.
Colladay, S. M.	1886	R.	"	44	"	13	1873	University of Michigan	Ann Arbor, Mich.
Comstock, Harriet	1894	R.	"	45	"	14	1880	Iowa State University	Iowa City, Iowa.
Dickinson, J. A.	1894	R.	Turon	34	"	13	1881	Physicians' Medical Institute	Cincinnati, Ohio.
Fayette, W. H.	1885	R.	Nickerson	41	"	3	.....	College Physicians and Surgeons	Chicago, Ill.
Grant, H. C.	1886	R.	Pretty Prairie	27	"	7	.....	St. Louis Medical Institute	St. Louis, Mo.
Hinshaw, F. E.	1885	R.	Huntsville	27	"	11	1882	Missouri Medical College	" "
Hutchinson, A. M.	1894	H.	Hutchinson	47	"	14	1883	Hahnemann College	Chicago, Ill.
Justice, H. S.	1894	R.	"	56	"	23	1865	Iowa University	Keokuk, Iowa.
Klippel, C.	1885	R.	"	32	Germany	.....	1885	Rush Medical College	Chicago, Ill.
Lucas, Wm.	1890	R.	"	50	America	14	1880	Ohio " "	Cincinnati, Ohio.
Messenger, Harriet	1894	H.	"	35	"	4	1890	Iowa State University	Iowa City, Iowa.
May, J. S.	1885	R.	"	40	"	13	.....	Indiana Medical College	Indianapolis, Ind.
Maguire, J. W.	1885	R.	"	31	"	5	1880	Bellevue " "	New York city.
McKee, D. B.	1885	E.	"	45	"	.....	1861	Physicians and Surgeons	Cincinnati, Ohio.
Malcom, J. G.	1885	H.	"	55	Canada	19	1866	New York Homeopathic College	New York city.
McCoy, —	1894	R.	Partridge	.....	.....	8	1885	Physicians and Surgeons	Baltimore, Md.
Stewart, R. A.	1894	R.	Hutchinson	26	America	4	1890	Medical College	Louisville, Ky.
Stewart, J. S.	1894	R.	"	35	"	10	1883	" "	" "
Sidlinger, S. H.	1885	R.	"	45	"	19	1874	University of Michigan	Ann Arbor, Mich.
Small, C. F.	1885	R.	Nickerson	32	"	7	.....	Rush Medical College	Chicago, Ill.
Taylor, E. A.	1885	R.	Hutchinson	57	"	27	1865	St. Louis Medical College	St. Louis, Mo.
Wilson, R. B.	1887	R.	"	25	"	3	1884	University of Maryland	Baltimore, Md.
Wetherby, B. J.	1894	R.	"	33	"	9	1884	Rush Medical College	Chicago, Ill.
REPUBLIC COUNTY:									
Arbuthnot, C. N.	1885	R.	Belleville	32	America	5	1881	Jefferson Medical College	Philadelphia, Pa.
Billingsley, J. S.	1885	R.	"	29	"	3	1883	Rush " "	Chicago, Ill.
Brown, John	1885	E.	Cuba	39	Scotland	6	.....	Bedford " "	London, Eng.
Burgett, W. E.	.....	R.	Narka	33	.....	6	1886	Kentucky School of Medicine	Louisville, Ky.
Carpenter, D. M.	1885	E.	Cuba	52	America	23	.....	Eclectic Medical Institute	Cincinnati, Ohio.
Dillon, G. A.	1885	R.	Republic City	36	"	12	1887	College Physicians and Surgeons	Des Moines, Iowa.
Freeborn, Grant E. P.	.....	H.	Belleville	27	.....	2	1890	Homeopathic Medical College	Kansas City, Mo.
Gray, G. E.	.....	R.	Munden	34	.....	4	1889	Missouri Medical College	St. Louis, Mo.

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
REPUBLIC COUNTY—*Concl.:*									
Hair, J. H	1885	R.	Courtland	54	America	29		Western Reserve Medical College	Cleveland, Ohio.
Hardy, W. B	1885	R.	Belleville	53	"	29	1856	Jefferson " "	Philadelphia, Pa.
Houck, J. H	1885	R.	Cuba	28	"	2	1883	Missouri " "	St. Louis, Mo.
Kamp, Wm	1885	R.	Belleville	29	"	3	1882	Albany " "	Albany, N. Y.
Morgan, Sidnar		E.	Narka	39		13	1885	Rush " "	Chicago, Ill.
McIntosh, J. W		H.	Republic City	45		23	1886	Medical Institute.	
Rockhold, J. N	1885	E.	Scandia	60	America	20		State Board of Kansas.	
Still, N	1885	R.	Cuba	54	"	26			
Speer, J. A	1885	R.	Talmo	37	"	10	1873	Louisville Medical College	Louisville, Ky.
Trainor, K. A	1885	R.	Scandia	40	"	11	1874		Keokuk, Iowa.
White, L. B	1885	R.	"	29	"	7	1878	Harvard	Boston, Mass.
Dunn, A. C	1892		Harbine	36	"	10	1882	Northwestern Medical College	St. Joseph, Mo.
Foster, L. M	1893	E.	Wayne	48	"	27	1879	American Eclectic College	Cincinnati, Ohio.
Midwives:									
Brandstrom, Mrs. Justine	1892	M.	Scandia	53	Sweden	25			
Campbell, Mary E	1892	M.	Talmo	34	America.				
Krigline, Euphemia	1892	M.	"	46	"	20			
Larson, Hanna	1892	M.	Scandia	49	Sweden	20			
Tully, R. E	1892	M.	Belleville	56	America	18			
Wermstrom, Christina	1892	M.	Kackley	50	Sweden	21			
RICE COUNTY:									
Adams, A. M	1885	R.	Chase	33	Kentucky	11	1881	University of Louisville	Louisville, Ky.
Burden, W. C	1879	R.	Raymond	41	"	17	1875	University of Michigan	Ann Arbor, Mich.
Bohrer, G	1879	E.	Chase	59	Ohio	37			
Bush, G. E	1892	R.	Geneseo	28	Maryland	4	1888	Physicians and Surgeons	Baltimore, Md.
Cook, S. C	1892	E.	Bushton	38		13	1884	" "	St. Louis, Mo.
Fisher, E. C	1885	R.	Lyons	49	Ohio	22	1870	University of Michigan	Ann Arbor, Mich.
Faris, W. J	1892	R.	Frederick	45		13	1879	Physicians and Surgeons	Keokuk, Iowa.
Gowdy, A. S	1885	R.	Geneseo	45		22	1870	Detroit Medical College	Detroit, Mich.
Goodson, J. W	1879	R.	Sterling	54		30	1862	University of Buffalo	Buffalo, N. Y.
Gray, J. M	1892	R.	Alden	30	Iowa	7	1882	Physicians and Surgeons	Keokuk, Iowa.
Hodge, C. W	1879	R.	Sterling	47		24	1868	Rush Medical College	Chicago, Ill.
Idol, J. K. P	1892	R.	Alden	47		20	1872	St. Louis Medical College	St. Louis, Mo.
McCracken, J. W	1885	R.	Sterling	57		26	1866	University of Michigan	Ann Arbor, Mich.
Perry, Warren	1892	R.	Lyons	28		1½	1891	Jefferson Medical College	Philadelphia, Pa.
Rheiner, Ed	1885	R.	"	67	Switzerland	43	1849		Zurich, Switzerland.
Rutledge, C. F	1892	R.	Frederick	38	Iowa	8	1884	Physicians and Surgeons	Keokuk, Iowa.
Richardson, E. E	1885	E.	Lyons	54		24			
Richardson, Mrs. S. W	1885	E.	"	51		15	1874		Cincinnati, Ohio.
Spiers, W. W	1879	H.	Chase	53	Indiana	25	1867	University of Michigan	Ann Arbor, Mich.
Smith, N. M	1885	R.	"	42	Iowa	21	1881	Physicians and Surgeons	Keokuk, Iowa.
Smith, F. B	1892	H.	Little River	30	"	4	1889	" "	"

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Trueheart, P. P	1879	R.	Sterling	42	Kentucky	17	1876	Hospital College of Medicine	Louisville, Ky.
Terry, N. F	1879	R.	Lyons	40	Iowa	17	1876	Miami Medical College	Cincinnati, Ohio.
Todd, W. A	1892	R.	Sterling	37		12	1882	Rush " "	Chicago, Ill.
Vermillion, L. E	1892	R.	Lyons	38	Illinois	1	1891	Keokuk " "	Keokuk, Iowa.
Van Patten, M	1885	H.	Sterling	55		25	1864		Albany, N. Y.
Summers, L. A	1893	R.	Frederick	28	America	1	1893	Marion-Sims Medical College	St. Louis, Mo.
Welsh, Horace G	1893	R.	Sterling	38	"	14	1880	Jefferson " "	Philadelphia, Pa.
RILEY COUNTY:									
Little, C. F	1885	R.	Manhattan	49	New Hampshire	24	1863		
Morgan, B. F	1893	R.	Riley	36	Iowa	7	1886	College Physicians and Surgeons	Des Moines, Iowa.
Robinson, J	1885	R.	Manhattan	50	New York	20	1867		
Ross, S. D	1885	H.	"	31	Illinois	6	1879		
Roberts, H. S	1885	R.	"	45	"	22	1866		
White, M	1885	E.	Stockdale	54	Indiana	16			
Crans, J	1880	.....	Leonardville	....		.....	1880	Keokuk Medical College	Keokuk, Iowa.
Lyman, L. J	1879	.....	Manhattan	....		.....	1862	Bellevue " "	New York city.
Mayfield, Isaac	1879	.....	Randolph	....		.....	1870	Ohio " "	Ohio.
Pepper, F. M	1879	.....	"	....		.....	1879	Kansas " Examiners	Kansas.
Randolph, W. J	1890	.....	May Day	....		.....	1879	" " "	"
ROOKS COUNTY:									
Ainsworth, G. P	1885	E.	Stockton	49	Vermont	14			
Catudal, J. U	1885	R.	Plainville	25	Canada	.....	1885	Victoria Medical College	Montreal, Can.
Donnell, E. J	1885	R.	Stockton	49	New Hampshire	21	1864	Dartmouth " "	Hanover, N. H.
Gray, V. M	1885	E.	Plainville	62	America	30	1880		
Hill, B	1885	R.	Stockton	43	Missouri	18	.....	College Physicians and Surgeons	Keokuk, Iowa.
Leigh, W. A	1885	R.	"	25	Tennessee	4	1880	" " "	Chicago, Ill.
O'Donnell, J. S	1885	R.	"	56	Massachusetts	26	1856	Dartmouth College	Hanover, N. H.
Parker, J. C	1885	E.	Woodston	43	America	7	.....	Eclectic Medical College	Pennsylvania.
Powell, L. B	1886	R.	Stockton	39	Kentucky	10	.....	Certificate State Examining Board.	
Reynolds, R. M	1885	R. E.	Laton	45	Pennsylvania	24	1861 1859	Eclectic College Philadelphia Medical College	Philadelphia, Pa. "
Stockrider, D. L	1885	R.	Webster	43	New York	10	1875	Louisville " "	Louisville, Ky.
Tallman, E. G	1885	R.	Igo	61	Iowa	24	1861		Cincinnati, Ohio.
Midwives:									
Funk, Rachel	1885	M.	Chandler	43	Missouri	15			
Hutton, Sarah E	1885	M.	Plainville	46	Indiana	12			
Reeder, H. A	1885	M.	Stockton	55	Kentucky	10			
Slusser, Jane	1886	M.	Slate	47	Ohio	14			
RUSH COUNTY:									
Dutton, S. W	1885	R.	McCracken	49	Kentucky	17	.....	Kentucky School of Medicine.	
Ferguson, Wm. H	1886	R.	La Crosse	43	New Hampshire	16	1876	St. Louis Medical College	St. Louis, Mo.
Goodwin, Wm. M	1885	R.	"	65	Ohio	40	.....	Ohio " "	Cincinnati, Ohio.
Longacre, F. W	1885	R.	Rush Centre	42	Pennsylvania	15	1876	Jefferson " "	Philadelphia, Pa.
Phillips, Wm. J	1885	R.	La Crosse	33	Iowa	8	1885	University of Iowa	Iowa City, Iowa.
Trigg, F. M	1892	R.	McCracken	31	Illinois	5	1886	Keokuk Medical College	Keokuk, Iowa.
Midwives:									
Pearson, Susan	1885	M.	Pleasant Dale.						
Welch, Oriena	1892	M.	Hargrave	60	North Carolina	8			
Bellfield, Maria	1886	.....	Rush Centre	58	America	10			

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Date of license.	Kind of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
RUSSELL COUNTY:									
Bowlar, W. W	1885	R.	Bunker Hill	54	America	24	1868	Ohio Medical College	Cincinnati, Ohio.
Brown, W. S	1885	R.	Dorrance	32	"	7	1885	University of Michigan	Ann Arbor, Mich.
Fritts, Valentine	1883	E.	Syria	44	"	9	1873	American Eclectic College	Cincinnati, Ohio.
Foster, E. S. C.	1888	R.	Paradise	41	"	17	1884	Lewis County, N. Y., Medical Society.	
Johnson, Emma S.	1885	H.	Russell	57	England	17			
McKeen, D. W.	1885	R.	"	40	America	14	1878	College Physicians and Surgeons	Keokuk, Iowa.
Robb, Joseph W.	1885	R.	"	52	"	20	1862	University of Louisville	Louisville, Ky.
Russell, H. H	1886	R.	Lucas	57	"	29	1863	Starling Medical College	Columbus, Ohio.
Waldasin, Henry F	1887	E.	Paradise	54	"	20	1886	Eclectic " "	Cincinnati, Ohio.
Midwives:									
Bemore, Carrie	1886	M.	Winterset	56	America	6			
Faires, Nancy	1886	M.	"	54	"	9			
McAdams, Amanda	1885	M.	Blue Stem	55	"	15			
SALINE COUNTY:									
Brown, M. J		H.	Salina	27	Ohio	3	1882	Hahnemann Medical College	Chicago, Ill.
Bradley, E. D		R.	Assaria	38	New York	5	1880		Albany, N. Y.
Crowley, J. W		R.	Salina	40	Louisiana	25	1867	St. Louis Medical College	St. Louis, Mo.
Dewees, W. B		R.	"	31	Pennsylvania	8	1877	University of Pennsylvania	Philadelphia, Pa.
Crawford, J. R.		R.	Assaria	28	"	4	1886	College Physicians and Surgeons	Baltimore, Md.
Fowler, E. W		R.	Brookville	37		8	1884		Chicago, Ill.
Jenney, J. W		H.	Salina	40	Ohio	17	1868	Cleveland Homeopathic College	Cleveland, Ohio.
Lynoir, L. W		R.	"	46		22	1870	College Physicians and Surgeons	St. Louis, Mo.
Marsters, C. L		H.	"	47		15	1886	Hospital College	Kansas City, Mo.
Mayfield, A. B		R.	"	38		9	1886	College Physicians and Surgeons	St. Louis, Mo.
Phillips, W. A		R.	"	24	Kansas	1	1883	University of Michigan	Ann Arbor, Mich.
Stowe, C. W		H.	"	54	New York	28	1855	Cleveland Homeopathic College	Cleveland, Ohio.
Switzer, E. R		R.	"	48	Canada	20	1865	McGill University	Montreal, Canada.
Thompson, J. O		R.	New Cambria	32		11	1877	Jefferson Medical College	Philadelphia, Pa.
Tobey, N. D		R.	Salina	47		22	1885	University of Maryland	Baltimore, Md.
Armstrong, W. P		H.	"	51	America	23	1885	Homeopathic College	Cleveland, Ohio.
Miller, J. E		R.	"	29	"	5	1886	University of Michigan	Ann Arbor, Mich.
Tuttle, E. R		H.	"	36	"	4	1888		Chicago, Ill.
Winterbottom, W. H		R.	"	52	"	24	1872	College Physicians and Surgeons	Keokuk, Iowa.
Harvey, W. S		R.	"	58		28		Physicians and Surgeons	Illinois.
SCOTT COUNTY:									
Bond, J. F		R.	Scott City	36	America	16		Rush Medical College	Chicago, Ill.
Finkenbinder, Geo		R.	Friend	47	"	17			
Sutmiller, H		E.	Pence	48	Germany	8			
Midwives:									
Pepper, F		M.	Scott City	60	America.				
Babcock, T. E		M.	Friend	38	"				

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SEDGWICK COUNTY:									
Amedon, Rebecca	1888	R.	Wichita	28	America	5	1883	Western Reserve University	Cleveland, Ohio.
Baas, S. A	1888	H.	"	36	"	6	1882	Hahnemann Medical College	Chicago, Ill.
Barkalow, J. A	1888	R.	Rose Hill	32	"	7		College Physicians and Surgeons	Keokuk, Iowa.
Bohneng, A. H. R		R.	Andale	36	Germany	6	1884	Galligen University	Hanover.
Boughton, Wm. T	1891	R.	Cheney	54	America	20	1881	College Physicians and Surgeons	Keokuk, Iowa.
Brooks, H. E	1885	E.	Wichita	50		15	1879	Physio-Eclectic College	Cincinnati, Ohio.
Burns, R	1885	R.	Valley Centre	33		9	1881	Rush Medical College	Chicago, Ill.
Bruce, John H	1886	R.	Wichita	42	America	15	1870	Ohio " "	Cincinnati, Ohio.
Boyd, B. T	1889	R.	"	29	"	5	1885	" " "	" "
Bruce, A. B	1889	R.	Furley	27	"	5	1884	Vergreeke Medical College.	
Bennett, J. E	1892	R.	Wichita	42	"	16	1876	Cincinnati Medical College	Cincinnati, Ohio.
Cave, M. W	1886	R.	Oatville	25	"			Kentucky School of Medicine	Kentucky.
Cobb, Joseph	1885	E.	Wichita	58		30		Eclectic Medical Institute Illinois State Board of Examiners.	Cincinnati, Ohio.
Cornwall, T. H	1885	R.	Mount Hope	35		10	1875	Rush Medical College	Chicago, Ill.
Day, Mary Gage	1888	R.	Wichita	31	America		1888	University Medicine and Surgery	Michigan.
Davis, Giles	1888	R.	"	33	"	4	1884	Ohio Medical College	Cincinnati, Ohio.
Depew, M. F	1885	R.	"	30		16	1881		
Darrin, H. F	1892	R.	"		England	7	1885	College Physicians and Surgeons	Keokuk, Iowa.
Everett, J. T		R.	"	48	America	20	1871	Chicago Medical College	Chicago, Ill.
Everett, V. L		R.	"	26	"	2	1889	" " "	"
Everett, E. S	1889	R.	"	35	"	7	1882	Jefferson " "	Philadelphia, Pa.
Fordyce, J. H	1892	R.	"	39	"	14	1879 1884	Ohio " " College Physicians and Surgeons	Cincinnati, Ohio. Indianapolis, Ind.
Furley, C. C	1885	R.	"	47		25	1860 1882	Medical Department Pacific University. Cooper Medical College	San Francisco, Cal.
Foster, W. B	1885	E.	Derby	32		8	1876	Ohio " "	Cincinnati, Ohio.
Hunter, J. M	1888	E.	Maize	34	America	3	1885	Bennett " "	Chicago, Ill.
Hupp, Samuel	1888	R.	Wichita	41	"	3	1887	Ohio " "	Cincinnati, Ohio.
Hayes, J. L	1885	R.	"	48	"	16	1871	Rush " "	Chicago, Ill.
Hughes, E. J	1885	R.	"		"		1876	College Physicians and Surgeons	Keokuk, Iowa.
Hudson, Thomas P		E.	Maize	52	England	18	1878	Cincinnati Eclectic Institute	Cincinnati, Ohio.
Hall, R. R	1886	R.	Wichita	69	America	48	1839	Washington Institute	Baltimore, Md.
Hamilton, E. E	1886	E. E.	"	30	"	6	1879	University of Michigan	Ann Arbor, Mich.
Hoskins, J. M	1886	R.	"	29	"	1	1886	University of Louisville.	Louisville, Ky.
Harrell, James C	1889	E.	"	42	"	19	1870	Eclectic Medical Institute	Philadelphia, Pa.
Hazelton, W. F	1892	E.	"	49	Canada	18	1873	" " "	Cincinnati, Ohio.
Ingles, D. F		R.	North Wichita	28	England	7	1881	Ohio " College	" "
Jones, L. J	1885	R.	Wichita	55		30	1868	School of Medicine	Kentucky.
Kirkwood, J. W	1885	R.	"	34		12	1873	University of Louisville.	
Kozel, M	1892	E.	"	65	Bohemia	36	1853	Prague Medical Institute	Bohemia, Europe.
Lorgsdorf, A. J	1885	H.	"	61		15	1879	Cert. Kansas State Board of Examiners.	
Lewis, Geo. F	1891	R.	"	49	America	25	1866	Yale University	New Haven, Conn.
Lee, Isaac S	1893	R.	"		"		1892	Joplin	Joplin, Mo.
McPlees, W. D	1889	R.	"	27	"	3½	1885	University of Pennsylvania	Philadelphia, Pa.
McAdams, C. E	1885	R.	"	39		17	1869	Missouri Medical College	St. Louis, Mo.
Minnich, W. A	1885	H.	"	31		5	1880	Kentucky School of Medicine.	
McCoy, A. W	1885	R.	"	36		12	1874	Rush Medical College	Chicago, Ill.
Munsell, E. Y	1885	R.	"	47		25	1869	Starling " "	Columbus, Ohio.
McLaughlin, J. B	1885	E.	Clear Water	58		33	1860	Eclectic Medical Institute	Cincinnati, Ohio.
Mekemson, R	1885	R	Valley Centre	36		3	1881	College Physicians and Surgeons	Keokuk, Iowa.

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REGISTRATION OF PHYSICIANS AND MIDWIVES — 1893 — CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
SEDGWICK COUNTY — *Concl.:*									
Neumann, Paul		R.	Wichita	49	Germany	16	1878	Greifswan	Germany.
Owens, H	1885	E.	"	62		30	1873	Eclectic Medical Institute	Cincinnati, Ohio.
Oldham, J. E.	1885	R.	"	37		11	1877	Ohio " College	" "
Purdy, K. W.	1885	R.	"	34		12	1884	Rush " "	Chicago, Ill.
Parr, W. P.	1892	R.	"	59	America	33	1859	Jefferson " "	Philadelphia, Pa.
Pratt, M. A.	1885	E.	"	41		12	.....	Bennett " "	Chicago, Ill.
							1879	Certificate Kansas Board of Examiners.	
Phillips, I. N.	1885	R.	Mount Hope	65		10	1875	Rush Medical College	Chicago, Ill.
Potter, J. T.	1885	R.	"	35		10	1875	College Physicians and Surgeons	Kentucky.
Purdue, G. C.	1888	R.	Wichita	34		8	1880	Evansville Medical College	Evansville, Ind.
Rentz, E. B.	1885	R.	"	36		15	1870	University of Pennsylvania	Philadelphia, Pa.
Runyon, Emma C.	1889	R.	"	31	America	1	1888	Woman's Medical College	Chicago, Ill.
Richmond, S. W.	1892	X.	"	45	"				
Rose, W. T.	1892	H.	"	60	"	45			
Shaffer, H. W.	1892	R.	"	37	"	1	1891	Kentucky School of Medicine	Louisville, Ky.
Shannon, Thomas H.	1892	R.	Cheney	57	"	32	1859	State University	Keokuk, Iowa.
Scott, C. E.	1892	R.	Goddard	34	"	12	1880	College Physicians and Surgeons	Indianapolis, Ind.
Sippey, B. F.	1885	R.	Garden Plain	36	"	8	1884	" " "	St. Louis, Mo.
Stephens, Nannie A.		R.	Wichita	31		7	1878	Woman's Medical College	Chicago, Ill.
St. John, P. D.	1885	R.	"	34		4	1883	College Physicians and Surgeons	New York city.
St. John, J. Ada	1885	R.	"	36		4	1881	University of Michigan	Ann Arbor, Mich.
Tucker, H. C.	1885	R.	Derby	53	America	27	1858	National Medical College	Washington, D. C.
Terrell, J. H.	1886	R.	Wichita	42	"	13	1873	Bennett " "	Chicago, Ill.
Taylor, O. J.	1892	H.	"	38	"	4	1892	Hahnemann " "	" "
Van Nuys, J. D.	1887	R.	"	41	"	17	1870	Jefferson " "	Philadelphia, Pa.
Vannoy, J. L.	1892	E.	"	57	"	39	1853	Eclectic " "	Cincinnati, Ohio.
Webber, A. B.		R.	Greenwich	28	"	5	1890		St. Joseph, Mo.
Winters, Alexander C.	1892	E.	Wichita	28	"	10	1878	Bloomington University	Bloomington, Ill.
Whitlock, F. W.	1885	H.	"	59		25	1868	Homeopathic Medical College	————, Mo.
Wendel, A. H.	1885	E.	"	23		4	1887	Eclectic Medical Institute	Cincinnati, Ohio.
Whitlock, E. A.	1885	H.	"	32		10	1875	Pulte " College	" "
Young, B. F.	1886	E.	Derby	46	America	12	.....	Indiana Eclectic College.	
Zenner, John	1885	R.	St. Mark's	42		18	1865	School of Prussia.	
Midwives:									
Cobb, E. Emma	1888	M.	Wichita	34		11	1881		
Crosby, Cythia A.	1885	M.	Clear Water	57		10			
Hoxie, A. L.	1888	M.	Wichita	58	Michigan	25			
Maupin, Bettie	1885	M.	Greenwich	40		13			
Pryor, Hannah	1888	M.	Wichita	68		49			
SEWARD COUNTY:									
Smith, Geo. S.	1891	R.	Liberal	28	America	9	1891	Kansas City Medical College	Kansas City, Mo.

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SHAWNEE COUNTY:									
Alexander, Reid	1885	R.	Topeka	24	Illinois		1885	University of Pennsylvania.	
Alkire, H. L.	1889	R.	"	27	America	2	1887	Jefferson Medical College	Philadelphia, Pa.
Armstrong, H. A.	1887	R.	"	26	Ohio	1	1886	Bellevue " "	New York city.
Ashmore, Samuel	1885	R.	"	59	"	32	1853	Cleveland " "	Cleveland, Ohio.
Bailey, F. W.	1885	R.	"		America	3	1882	Starling " "	Columbus, Ohio.
Barnes, Ida C.		R.							
Battey, F. H.		R.	Dover					Kansas Medical College	Topeka, Kas.
Beers, Geo. L.	1885	R.	Topeka	46	America	20	1865	College Physicians and Surgeons	New York city.
Boam, S. A.	1885	R.	"						
Bradley, C. C.		R.							
Branstrup, W. T.	1885	H.	Topeka	49		29	1856	Hahnemann Medical College	Chicago, Ill.
Cannon, J. H.		R.							
Chung, Sing.									
Church, Mary V.		R.							
Coldren, E. V.	1885	R.	Topeka	44	America	23	1860	College Physicians and Surgeons	Iowa.
Colcord, D. B.		R.							
Conger, F. H.		R.							
Davis, A. C.		R.							
Dawson, A.		R.							
Deshler, H. C. W.									
Dick, George.									
Donaldson, J. W.	1888	R.	Topeka	37	America	14	1874	University Louisville	Louisville, Ky.
Dudley, J. B.		R.							
Eastman, B. D.	1885	R.	Topeka	49		24	1865	College Physicians and Surgeons	New York city.
Ellinger, G. W.	1885	R.	"	42	Pennsylvania	11	1878	Jefferson Medical College	Philadelphia, Pa.
Fay, J. R.		R.							
Franks, A. H.		H.							
Furber, J. L.		E.							
Gibson, W. B.	1885	R.	Topeka	47		25	1860	Ohio Medical College	Cincinnati, Ohio.
Gilbert, J. L.		R.							
Green, C. C.		R.							
Green, C. N.									
Grubbs, L. Y.	1885	R.	Topeka	43	Ohio	16	1871	Ohio Medical College	Cincinnati, Ohio.
Guibor, Charles C.		R.							
Gundry, A. E.		R.							
Hamilton, W. C.	1885	E.	Topeka	46	America	20	1860	College Physicians and Surgeons.	
Harding, Eva		H.							
Harms, J. H	1892	R.	Topeka	32	Russia		1892	Western Medical College	Kansas City, Mo.
Hibben, J. B.	1885	R.	"	30	Indiana		1877	University of New York.	
Hogeboom, G. W.		R.							
Iserman, J. C.									
Jamison, J. M.	1885	R.	Topeka	34	Tennessee	8	1877	Mahnrra Medical.	
Jones, D. C.	1885	R.	"	47	Ohio	25	1866	Rush Medical College	Chicago, Ill.
Kelley, Joanna S.									
Klemp, H. F.	1885	H.	Topeka	50	Prussia	20	1867	Hahnemann Medical College.	
Lee, Isaac S.									
Lewis, J. P.	1885	R.	Topeka	36	America	12	1873	Ohio Medical College	Cincinnati, Ohio.
Lindsay, W. S.	1885	R.	"	33	"	11	1874	College of Physicians and Surgeons	Iowa.
Long, D. T.	1889	E.	"	43	"	17	1881	Eclectic Medical Institute	Philadelphia, Pa.
Longshore, Deborah K.	1885	R.	"	42	"	13	1870	Woman's Medical College	Philadelphia, Pa.
Martin, S. E.	1885	E.	"	54	"	33	1852	Eclectic Medical Institute	Cincinnati, Ohio.

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
SHAWNEE COUNTY—*Concl.*:									
McClintock, Clarence S.	1894	R.	Topeka	29	Ohio	1	1893	Kansas Medical College	Topeka, Kas.
McClintock, J. C.	1885	R.	"	31	America	6	1879	Rush " "	Chicago, Ill.
McCrea, Maggie L.	1894	R.	"	29	Iowa	2	1891	Woman's " "	" "
McGuire, C. A.	1885	R.	"	27	Illinois	5	1884	Rush " "	" "
McIntyer, Della		H.							
McVey, R. E.	1885	R.	Topeka	56	Illinois	27	1861	Jefferson Medical College	Philadelphia, Pa.
McVey, W. E.	1885	R.	"	21	"	1			Kansas City, Mo.
Menninger, C. F.	1890	H.	"	28	America	1	1889	Hahnemann Medical College.	
Millard, M. A.									
Miner, H. C.	1895	R.	Topeka	43	New York	20	1875	Chicago Medical College	Chicago, Ill.
Mitchell, M. R.	1885	R.	"	49	Ohio	17	1868	Ohio Medical College	Cincinnati, Ohio.
Mulvane, G. J.	1886	R.	"	35	America	13	1878	College Physicians and Surgeons	Iowa.
Mulvane, J. K.									
Munn, L. H.	1885	R.	Topeka	29	America	6	1880	Bellevue Medical College	New York city.
Parker, C. J.									
Peers, Theodore W.	1886	R.	Topeka	30	Illinois		1885	University of Michigan	Ann Arbor, Mich.
Pelton, D. R.	1890	R.	"	45	America	20	1874	College Physicians and Surgeons	Keokuk, Iowa.
Phillips, R. M.	1885	R.	"	57	Kentucky	30	1855	McDowell's Medical	St. Louis, Mo.
Plummer, R. S.	1888	R.	North Topeka		New Hampshire,	16	1883	Louisville Medical College	Louisville, Ky.
Patee, H. D.									
Powell, L. M.		R.							
Ransom, Margaret.									
Raymond, R. C.									
Raub, A. A.		R.							
Righter, Wm. H.	1885	R.	Topeka	32	Delaware	6	1879	Jefferson Medical College	Philadelphia, Pa.
Roby, Henry W.	1885	H.	"	43	Ohio	9	1877	Hahnemann " "	Chicago, Ill.
Rodgers, D. F.		R.							
Rogers, D.	1885	R.	Topeka	58	America	37	1848	Missouri Medical College	St. Louis, Mo.
Rogers, S.									
Rupin, A.	1896	H.	Topeka	48	Germany	20	1878	Shussler Homeopath.	
Ryder, L. A.	1885	H.	North Topeka	32	America	4	1883	Hahnemann Medical College	Chicago, Ill.
Schenck, W. L.		R.							
Schnebly, J. G.		R.							
Anderson, J. E.	1893	H.	Topeka	48	Indiana	18	1877	Pulte Medical College	Cincinnati, Ohio.
Hadley, D. H.	1892	R.	"	40	Michigan	6	1889	Northwestern Medical	St. Joseph, Mo.
English, J. E.	1892	R.	"		Virginia			Virginia "	Richmond, Va.
Scheidt, E.	1893	R.	"	60	Germany	36	1891	Northwestern "	St. Joseph, Mo.
Hamilton, Chas. L.	1894	R.	"	36	Missouri	14	1880	Missouri "	St. Louis, Mo.
Baldwin, F. N.	1893	R.	"	28	"	7	1886	Beamont "	" "
Kemper, J. M.	1886	R.	Maple Hill	29	America	11		Miami "	
Cook, Joseph P.	1887	R.	Richland	57	Indiana	14		Indiana "	
Tull, G. A.	1894	R.	Topeka	25	America	2		McPherson County Medical Society.	

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Warren, A. H	1887	R.		47	Pennsylvania	16	1886	University New York.	
Finn, Benj. F	1893	R.	Topeka	28	America		1893	College Physicians and Surgeons	St. Louis, Mo.
Brown, W. H	1893	R.	"	43		13			
Marable, I. T	1885	R.	Rossville	54	America	35	1849 1853	Louisville University. Jefferson Medical College.	
Wolverton, A. B	1885	R.	Topeka	36	"	13	1873	Indiana " "	Indianapolis, Ind.
Wall, G. A	1896	R.	"	21	Illinois		1886	St. Louis " "	St. Louis, Mo.
Minney, J. E	1885	R.	"	39	Ohio	6	1880	Physicians' College	Kansas City, Mo.
Reed, J. A	1885	E.	Tecumseh	50	"	19	1871	Bennett Medical College	Chicago, Ill.
Carson, A. W	1885	R.	Dover	35	"	10	1875	Ohio Medical College	Cincinnati, Ohio.
SHERIDAN COUNTY:									
Freeman, D. M	1885	R.	Hoxie	58	America	33	1859	Jefferson Medical College	Philadelphia, Pa.
Freeman, E. C	1885	R.	"	40	"	20			
Hall, F. A	1893	R.	"	40	"	19	1873	Albany Medical College	Albany, N. Y.
Miller, S. B	1891	R.	Selden		"				
Midwives:									
Foster, Rachel	1886	M.	Adel	51	America	10			
Walden, R. E	1893	M.	Allison		"	20			
SHERMAN COUNTY:									
Burwell, E. E	1888	R.	Goodland	33	America	8	1885	State University	Iowa City, Iowa.
Gandy, H. P	1888	E.	"	44	"	23			
McDaniels, J. N	1887	E.	7-37, section 6	60	"	24			
Poff, J. M	1887	E.	Goodland	41	"	17	1882	Bennett Medical College	Chicago, Ill.
Rush, M. A	1887	R.	"	38	"	14	1879	Rush " "	" "
Smith, Frank H	1892	R.	"	41	"	14	1881	State University	Iowa City, Iowa.
Shelley, Jacob F	1892	R.	Lamborn	30	"	3	1891		
Midwives:									
Bacendall, Mary	1887	M.	7-37, section 23	52	Scotland	22			
Michael, H. E	1888	M.	Goodland	52	America	26			
Wallace, Rebecca S	1889	M.	"	56	"	22			
SMITH COUNTY:									
Ayer, S. Prescott	1885	R.	Smith Centre	41	America	15	1872	University of Vermont	Burlington, Vt.
Bower, W. C	1891	R.	Lebanon	29	"	6	1886	Rush Medical College	Chicago, Ill.
Cannon, Willis	1886	R.	Smith Centre	35	"	11	1875	College Physicians and Surgeons	Keokuk, Iowa.
Dykes, John B	1892	R.	Lebanon	31	"	10	1887	Nashville Medical College	Nashville, Tenn.
Dykes, Henry A	1892	R.	Topeka	27	"	8	1888	Med. Department University of Louisville,	Louisville, Ky.
Golden, L. A	1880	R.	Cedarville	22	"	1	1880	Rush Medical College	Chicago, Ill.
Hislop, John	1885	R.	Lebanon		Canada	9			
Holmes, C. J	1886	R.	Gaylord	42	America	18	1868	University Medical College	New York city.
Hoyt, Leslie M	1896	R.	Cedarville	27	"	6	1873	Rush " "	Chicago, Ill.
Lampham, A. E	1885	H.	Kensington	49	"	28		Grove Medical Institute	Michigan.
Leary, M. F	1886	R.	Gaylord	39	"	13	1873	University of Louisville	Louisville, Ky.
McCammon, J. A	1891	R.	Reamsville	44	"	13			
Mullinix, E. N	1891	R.	Smith Centre	47	"	20	1872	Eclectic Medical Institute	Cincinnati, Ohio.
Nelson, C. E	1887	R.	Kensington	27	"	2	1886	Western Reserve University	Cleveland, Ohio.
Slagle, B. W	1887	R.	Smith Centre	34	"	12	1877	University of Pennsylvania	Philadelphia, Pa.
Midwives:									
Abbott, Martha	1885	M.	Lebanon	60	America.				
Bates, Martha, E	1892	M.	"	50	"	36			
Cooper, Susannah	1892	M.	"	62	"	41			

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SUMNER COUNTY:									
Beard, H. G	1893	R.	Milan	44	America	19	1875	Medical Department, University	Nashville, Tenn.
Barnett, W. O	1893	R.	Wellington	48	"	20	1877	Miami College	Cincinnati, Ohio.
Duffield, Sam'l	1893	H.	Geuda Springs	56	"	28			
Davis, G. W	1893	E.	"	56	Canada	35			
Elliott, C. E	1893	R.	Wellington	55	America	25	1869	Charity Hospital Medical College.	
							1871	Wooster Medical Department	Cleveland, Ohio.
Forbes, C. C	1893	R.	"	63	"	39	1856	St. Louis Medical College	St. Louis, Mo.
Freeman, B. B	1893	H.	"	53	"	30	1863	Cincinnati " "	Cincinnati, Ohio.
Hunt, J. M	1893	R.	"	54	"	30	1878	St. Louis " "	St. Louis, Mo.
Harris, W. K	1893	R.	Mulvane	43	"	18		Keokuk " "	Keokuk, Iowa.
Hazle, J. N	1893	R.	Milan	40	"	20			
Justice, J. D	1893	R.	Belle Plaine	39	"	16	1878	Missouri Medical College	St. Louis, Mo.
Middle, Wm. E	1893	E.	Oxford	70	"	11			
McIlhenny, Robt	1893	R.	Conway Springs	26	"	2	1891	Rush Medical College	Chicago, Ill.
Maggard, I. J	1893	R.	Oxford	....	"	.....	1874	St. Louis Medical College	St. Louis, Mo.
Neal, W. H	1893	R.	Mayfield	56	"	32	1872	Nashville University	Nashville, Tenn.
Pifer, J. D	1893	A.	Wellington	30	"	12	1882	Louisville Medical College	Louisville, Ky.
							1888	Bellevue " "	New York city.
Pile, Eugene	1893	R.	Portland	32	"	10	1883	Missouri " "	St. Louis, Mo.
Rucker, J. G	1893	R.	Belle Plaine	29	"	11	1883	Vanderbilt " "	Nashville, Tenn.
Shelly, S. T	1893	R.	Mulvane	36	"	15	1883	Missouri " "	St. Louis, Mo.
Stiles, M	1893	R.	Corbin	39	"	11	1882	Physicians and Surgeons' College	Baltimore, Md.
Smith, Edward	1893	R.	Oxford	48	"	14	1882	Louisville Hospital	Louisville, Ky.
Stalcup, H. G	1893	E.	Rome	49	"	23			
Pennypacker, O. P	1893	H.	Guelph	35	"	14	1879		
Rear, J. H. O	1893	R.	Wellington	57	"	30	1873	Rush Medical College	Chicago, Ill.
Collins, M	1893	R.	Oxford	32	.....	.....	1891	" " "	" "
Gabbert, I. T	1893	R.	Caldwell	40	.....	12	1882	Jefferson Medical College	Philadelphia, Pa.
Uhls, L. L	1893	R.	Geuda Springs	36	America	9	1884	Rush " "	Chicago, Ill.
Wallace, Bruce	1893	R.	Wellington	34	"	10	1882	Memphis " "	Memphis, Tenn.
Webb, B. O	1893	R.	Argonia	38	"	16	1878	Rush " "	Chicago, Ill.
Emerson, F. G	1893	R.	Wellington	32	"	12	1885	Medical Department, State University	Iowa City, Iowa.
Hobson, Wm	1893	E.	Millerton	52	"	21			
Hollis, J. E	1893	H.	Ashton	64	"	20			
Ikerd, Chas. E	1893	R.	Hunnewell	26	"	1	1892	Medical Department, University	Louisville, Ky.
Geeslin, B. C	1893	P.M.	South Haven	30	"	2½	1890	Physio-Medical College	Chicago, Ill.
Goldsberry, Thos. M	1893	R.	Conway Springs	56	"	23	1880	Physicians and Surgeons' College	Kansas City, Mo.
Latta, J. M	1893	R.	Millerton	39	"	10	1883	Medical College, Michigan	Ann Arbor, Mich.
Lemon, W. W	1893	R.	South Haven	49	.....	28	1873	Indiana Medical College	Indianapolis, Ind.
Martin, W. M	1893	R.	Wellington	26	America	2½	1891	St. Louis College Physicians and Surgeons,	St. Louis, Mo.
Spitley, S. W	1893	R.	"	44	"	18	1875	Ohio Medical College	Cincinnati, Ohio.
THOMAS COUNTY:									
Beaver, Wm. M	1888	R.	Colby	42	Pennsylvania	19			
Eddy, V. C	1887	H.	"	25	New York	3	1884	Hahnemann Medical College	Chicago, Ill.
Edwards, W. M	1885	R.	"	70	South Carolina	49	1876	College Physicians and Surgeons	Keokuk, Iowa.
Martin, C. H	1886	R.	"	31	Missouri	9	1877	University of Louisville	Louisville, Ky.
Martin, J. W	1888	R.	"	35	Kentucky	10	1879	" " "	"
Patterson, Myra A	1887	E.	Rexford	45	Ohio	18			
Patterson, H. G	1888	E.	"	46	"	18			
Taylor, A	1887	R.	Colby	64	"	32			

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REGISTRATION OF PHYSICIANS AND MIDWIVES—1893—CONTINUED.

NAME AND COUNTY.	Year of registration.	School of practice.	Location.	Age.	Nativity.	Years in practice.	Year of graduation.	College.	Place of graduation.
WABAUNSEE COUNTY:									
Achor, T. D	1892	R.	Alta Vista	48	America	19	1873	Ohio Medical College	Cincinnati, Ohio.
Eldridge, E. W	1885	R.	"	31	Indiana	6	1879	College Medicine and Surgery	" "
Fagaines, H. M	1892	R.	Maple Hill	35	America	12	1880	Wooster University	Ohio.
Hills, J. Z	1892	R.	Wilmington	51	"	24	1875	College Physicians and Surgeons	Keokuk, Iowa.
Hazzard, D. H	1886	R.	Paxico	48	Indiana	20	.....	University of Michigan	Ann Arbor, Mich.
Hall, T. H	1886	R.	Alma	....	Illinois	5	1881	Rush Medical College	Chicago, Ill.
Kemper, J. W	1885	R.	Maple Hill	29	West Virginia	10½			
Morris, Thomas	1885	R.	Alma	52	England	35	1851	London Medical College	London, Eng.
Schenck, F. E	1885	R.	Harveyville	29	Pennsylvania	3½	1885	College Physicians and Surgeons	Keokuk, Iowa.
Scheidt, Eugene	1891	R.	Alma	58	Germany	35	1891	Northwestern Medical College	St. Joseph, Mo.
Schmidt, H. R	1892	R.	"	38	"	16	1876	Iowa State University	Iowa City, Iowa.
Taylor, J. W	1885	E.	Eskridge	34	West Virginia	5			
Trivett, M. F	1885	R.	"	40	North Carolina	14	1871	Jefferson Medical College	Philadelphia, Pa.
Watts, T. Norwood	1887	E.	Alma	50	Ohio	16	1887	Eclectic Medical Institute	Cincinnati, Ohio.
Beals, G. C	1893	R.	"	35	America	7	1886	Bellevue Hospital	New York city.
Ashworth, James	1889	E.	Pavilion	....	England	15	1883	American College	Cincinnati, Ohio.
Goodsell, S	1888	H.	Welcome	60	America	18	1873	Homeopathic Medical College	Detroit, Mich.
McDonald, R	1893	R.	Eskridge	44	"	22	1871	Ohio " "	Cincinnati, Ohio.
Mower, H	1893	R	Paxico	66	"	40	1856	Pennsylvania " "	Philadelphia, Pa.
Midwives:									
Scheidt, Sophia	1885	R.	Alma	30	Germany	2	1885	Missouri School of Midwifery	St. Louis, Mo.
Walker, Mary E	1887	M.	Paxico	42	America	10			
WALLACE COUNTY:									
Bobo, C. W	1891	E.	Wallace	30	America	2	1892	Eclectic Medical Institute	Cincinnati, Ohio.
Hatch, A. S	1889	R.	"	45	"	20			
Hayes, N. W	1889	R.	Sharon Springs	52	"	19	1877	Ohio Medical College	Cincinnati, Ohio.
Newton, J. T	1889	R.	"	41	Indiana	10	1879	Rush " "	Chicago, Ill.
Rundstrom, John	1892	.....	"	56	Sweden	22			
WASHINGTON COUNTY:									
Andrews, A. S	1885	E.	Washington	34	America	10	1875	Eclectic Medical Institute	Cincinnati, Ohio.
Armstrong, E	1892	R.	Greenleaf	39	"	18	1874	Rush Medical College	Chicago, Ill.
Bersuch, F	1889	H.	Hanover	37	Germany	13	1887	Hahnemann Medical College	"
Cox, George H	1886	H.	Washington	48	America	21	1864	University of Pennsylvania	Philadelphia, Pa.
Gunney, S. D	1885	E.	Palmer	55	"	18	1856	Antioch Medical College	Ohio.
Green, J. H	1885	R.	Washington	40	"	15	1878	College Physicians and Surgeons	Indiana.
Gardner, M. N	1892	R.	Greenleaf	35	"	9	1883	University of Michigan	Ann Arbor, Mich.
Hereford, W. C	1892	R.	Hollenberg	27	"	1	1892	Starling Medical College	Columbus, Ohio.
Hallowell, D. J	1891	R.	Enosdale	48	"	21	1876	Physicians and Surgeons	Keokuk, Iowa.
Hoover, J. H	1891	R.	Haddam	36	"	16	1886	Ensworth Medical College	St. Joseph, Mo.
Hocie, Joseph	1885	H.	Hollenberg	66	Scotland	35			

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Jacobs, William	1885	E.	Washington	40	America	9	1876	American Medical College	St. Louis, Mo.
Moll, Louis	1889	R.	Hanover	52	Germany	31	1858	University Wurzburg	Germany.
Maintz, R. W	1889	R.	Linn	25	America		1889 ?	Missouri Medical College University " "	St. Louis, Mo. "
Ocheltree, H. M	1885	R.	Haddam	36	"	8		Physicians and Surgeons	Keokuk, Iowa.
Runkle, W. S	1886	R.	Washington	36	"	13	1873	Cincinnati Medical College	Cincinnati, Ohio.
Roseborough, A. L		R.	Barnes	33	"		1889	Northwestern " "	St. Joseph, Mo.
Ryan, J. C	1892	R.	Palmer	53	Canada	30	1859	Ohio " "	Ohio.
Smith, J. G		R.	Hanover	32	America	1	1891	Ensworth " "	St. Joseph, Mo.
Smith, N. M	1885	E.	Washington	42	"	19		Certificate State Board of Examiners.	
Sutton, G. W	1885	E.	Haddam	49	"	24	1880	" " " "	
Stapleton, F. P	1892	R.	Linn	25	"	1	1892	Marion-Sims Medical College	St. Louis, Mo.
Seufert, John	1892	R.	Barnes	34	"	16			
Tyler, D. C	1886	R.	Clifton	33	"	5½		Rush Medical College	Chicago, Ill.
Tyler, F. P	1886	R.	"	32	"	1		" " "	"
Williamson, Charles	1885	E.	Washington	61	England	35			London, Eng.
Whetstine, E. G	1885	R.	"	46	Indiana	15		Certificate State Board of Examiners	Kansas.
Wallace, J. S	1885	R.	"	29	Iowa	4	1881	State Medical College	Iowa.
Welch, S. S	1885		Hollenberg	56	America	28		Bellevue Medical College	New York city.
Williamson, James A	1892	E.	Washington	21	"		1892	American " "	St. Louis, Mo.
Willis, H. Q	1892	R.	Morrow	24	"	2	1890	Ensworth " "	St. Joseph, Mo.
Webster, L. A	1892	E.	Brantford	59	"	33	1857	Eclectic Medical Institute	Cincinnati, Ohio.
Herney, A	1893	R.	Hanover	23	Germany	1	1893	Ensworth Medical College	St. Joseph, Mo.
McGaughey, A	1893	R.	Hollenberg	23	America	1	1893	University of Louisville	Louisville, Ky.
Neeley, J. G	1893	R.	Lanham, Neb	28	"	2	1893	State University	Iowa City, Iowa.
Potter, H. E.	1889	H.	Clifton	30	"	7	1885		St. Louis, Mo.
Midwives:									
Aurner, G. H	1892	M.	Hanover	39	America	5			
Adams, Elizabeth	1885	M.	Morrow	40	Ireland	23			
Bussee, B	1891	M.	Hanover	40	Germany	16	1875		Marlborough, Ger.
Driskel, Emily	1885	M.	Hollenberg	59	America	35			
Harris, A. E	1891	M.	Day	41	"	18			
Kling, Mrs. E		M.	Lanham, Neb	44	Germany	20			
Scheetz, Mrs. C			Hanover	52	"	14			
WICHITA COUNTY:									
Doyle, Adolphus M	1887	E.	Leoti	45	America	9	1882	American Medical College	St. Louis, Mo.
Knapp, A. R	1888	R.	"	38	"	10	1878	Starling " "	Columbus, Ohio.
Wilcox, H. R	1887	H.	Coronado			20	1879	Certificate State Board of Examiners	Kansas.
Johnston, G. F	1894	R.	Leoti	29	America	8	1887	Jefferson Medical College	Philadelphia, Pa.
WILSON COUNTY:									
Allen, Frank T	1885	R.	Neodesha	36	America	12	1873	Chicago Medical College	Chicago, Ill.
Brown, William	1885	E.	Fredonia	62	England	34			
Cormack, A. W	1885	E.	"	42	America	11	1875	Eclectic Medical Institute	Cincinnati, Ohio.
Cope, B	1885	R.	Middletown	36	"	7	1883	Northwestern Medical College	St. Joseph, Mo.
Duncan, M. A	1885	R.	Buxton	30	"	7		Ohio " "	Cincinnati, Ohio.
Dodd, Theo. F. C	1885	R.	Altoona	49	"	28	1857	University of Michigan	Ann Arbor, Mich.
Englebert, Lucinda	1887	R.	Fredonia	53	"	32			
Flack, A. C	1885	R.	"	27	"		1885	Ohio Medical College	Cincinnati, Ohio.
Gaston, E. A	1885	R.	Altoona	40	"	18	1867	University of Pennsylvania	Philadelphia, Pa.
Hatcher, Joseph A	1885	R.	Neodesha	46	"	16	1890	Ohio Medical College	Cincinnati, Ohio.

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WITHDRAWN CLASS OF:								
Alexander, A.	1880	Ill.	Argenta	48	America	24	1880	Chicago Medical College	Chicago, Ill.
Beaman, T. C.	1880	Ill.	Kansas City	87	"	11	1881	Medical College	Kansas City, Mo.
Darnall, H. M.	1881	Ill.	"	85	"	1	1883	"	"
Colburn, J. M.	1881	Ill.	"	85	"	8			
Downs, H. M.	1880	Ill.	"	84	"	13	1880	University of Michigan	Ann Arbor, Mich.
Elliott, A. K.	1880	Ill.	"	81	"	74	1880	Homœopathic Medical College	Cleveland, Ohio.
Gray, Geo. M.	1880	Ill.	"	87	"	13	1879	Medical College	Kansas City, Mo.
Harrison K. L.	1883	Ill.	"	80	"	9	1881	"	"
Howell, H. W.	1880	Ill.	"	40	"	9	1880	Meharry College	Nashville, Tenn.
Glanscock, A. A.	1880	Ill.	"	11	"	6	1887	Rush Medical College	Chicago, Ill.
Lutz, K. J.	1880	Ill.	"	97	Germany	4	1880	Physicians and Surgeons	St. Louis, Mo.
Miller, J. P.	1880	Ill.	"	87	"	6	1886	State University	Iowa City, Iowa.
Neville, Geo. W.	1883	Ill.	Bethel	71	America	46			
Newton, P. C.	1880	Ill.	Piper	80	"	25	1885	Jefferson Medical College	Philadelphia, Pa.
Powell, J. B. E.	1880	Ill.	Kansas City	90	"	15½	1874	University of Pennsylvania	"
Swarts, K.	1880	K.	"	84	"	14	1874	Eclectic Medical Institute	Cincinnati, Ohio.
Tenney, A. P.	1883	Ill.	"	60	"	35	1859	Harvard	Boston, Mass.



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